

FIELD HEARING ON VETERANS' ACCESS TO BENEFITS AND SERVICES IN APPALACHIA

HEARING BEFORE THE COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE ONE HUNDRED ELEVENTH CONGRESS SECOND SESSION

APRIL 5, 2010

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FIELD HEARING ON VETERANS' ACCESS TO BENEFITS AND SERVICES IN APPALACHIA

MONDAY, APRIL 5, 2010

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Cambridge, OH.

The Committee met, pursuant to notice, at 11:18 a.m., at the Scottish Rite Auditorium, Hon. Sherrod Brown, Member of the Committee, presiding.

OPENING STATEMENT OF HON. SHERROD BROWN, U.S. SENATOR FROM OHIO

Senator BROWN. I call the meeting of the Senate Veterans Committee to order. Thank you all for joining us. Chairman Akaka and Ranking Member Burr, who were very cooperative, sent along both Democratic and Republican staff to Cambridge to assist us today. Senator Akaka, whose home State is Hawaii, likes to begin these hearings with "Aloha," so I guess will do the same, but I don't want you to think I'm going up town by acting like I speak Hawaiian or something.

Welcome to all of you here. A special thanks to a whole host of people who have been particularly helpful: Tom Fisher, Carl Lambert, Troy Simmons, and David Moyer, who are doing the lights and sound, and are the facilities manager and the director of this beautiful theater. As I was walking in, I talked to Tom and Carl about how theaters like this bring back memories. If you're my age or older you remember sitting up in the balcony and watching movies on a Saturday and putting gum underneath your seat and all the things people have done for 50 years in these theaters. Thank you for that memory, but more importantly what we're doing here today.

I have got a handful of introductions: County Commissioners Steve Allen, Tom Loughlin, and Steve Douglas are here; also Linda Secrest, who is out of the agency next door, the Linda Secrest Drug & Alcohol Abuse Programs, and she obviously has a direct impact some of these veterans programs, too. Outside I met the head of the Veterans Service Organization in Noble County. Is he here still? I appreciate his comments about how hard he has worked—he's done this for 21 years, you said?

UNIDENTIFIED SPEAKER. Yes.

Senator BROWN. You have worked hard on making sure that every returning vet that comes to Caldwell or is anywhere in Noble County, a small, well-populated but rural county where people come and go and where you don't necessarily know they're in the

community—how quickly you have run to The American Legion, the VFW, and other veterans organizations to locate these returning veterans so they can get screening and treatment. There was one vet who was hit by a bomb—we call them IEDs—but they’re really bombs, in Iraq or was it Afghanistan?

UNIDENTIFIED SPEAKER. Iraq.

Senator BROWN. He didn’t think he needed treatment. He had already had treatment and didn’t need really much else, but the VSO convinced him to come in. Now they’re following his medical progress and helping him to make his life better. That’s why the community services that the VSOs are providing are so very, very important.

I would like also to introduce before the hearing, in earnest, Doug Babcock, who is behind me. Doug is from Galion, OH, grew up near where I did in Mansfield. Doug is from our Washington, DC, office and works tirelessly on behalf of veterans. Doug’s wife is from Zanesville, so Doug is close to home, just one county over.

Today’s field hearing is an official U.S. Senate Committee on Veterans’ Affairs hearing, or an official Senate hearing. Everything that will happen today—the rules, the procedures, the testimony—is just like you would see if you attended a Senate Veterans’ Affairs Committee hearing in Washington, DC.

Chairman Akaka and the Committee are holding this hearing in Appalachian Ohio because it is important to hear directly from veterans in their hometowns and in their regions. Senior Committee staff members are here. The testimony will be recorded and available for every Member of the Committee, the Senate, and the public.

Thank you, first of all, to the witnesses for testifying, who I want to introduce in a moment. Thanks for your service to our Nation and its veterans. Thanks also everyone here who works in their communities, with our State and Federal Government, and local governments on behalf of our veterans.

Veterans in Appalachia face unique challenges, from social and economic isolation to distant health care facilities and misallocation and lack of resources. It is vital that these challenges are understood by the Committee and the Senate, so as laws and regulations are written, the concerns of these veterans are heard and are addressed.

It’s fitting that this hearing is being held in Cambridge, OH. This great city predates the State of Ohio, when pioneer Ebenezer Zane named it while cutting roads through the Northwest Territory. For more than 200 years Ohioans have been calling these rolling hills home, building middle-class communities, raising families, and pursuing the American Dream.

Across the street is the John Herschel Glenn, Jr. Post Office, named in honor of the famed astronaut and statesman. The former Marine pilot is a typical representative of Appalachian Ohio: patriot, hard worker, family man, principled, and true to his values. I am honored that we could bring this field hearing to his birthplace.

Veterans in Appalachia don’t always go out and orbit the earth or serve in the U.S. Senate or become the epicenter of our Nation’s most historic moments of the 20th Century. Yet, in many ways,

veterans in Appalachian Ohio constitute the very character of our Nation, serving our country in times of war and returning home to become teachers and police officers, doctors, business and civic leaders, factory workers, and craftsmen. But too many Appalachian Ohio veterans continue to struggle with the results of their service to our country or otherwise face difficulties transitioning from soldier to citizen.

Last week I visited the Chillicothe Veterans Medical Center, one of the most important medical centers of the country, serving this State, this part of the State, very well.

In 2007 I held a Senate field hearing in New Philadelphia that focused on VA health care in Appalachia. At that hearing, Terry Carson, a hospital administrator from Cadiz, not too far away, testified about the challenges of providing care for rural veterans. He testified about how his hospital was trying to do the right thing when treating vets facing medical emergencies. But as much care as the hospital could provide, the hospital often got stuck with the medical bill because the VA, through a series of rules and regulations, prohibited it from getting reimbursed.

After hearing his testimony, and that of Appalachian Ohio veterans, I introduced The Veterans Emergency Care Fairness Act of 2007 to require the VA to reimburse a private hospital, which are more often than not in rural counties, for emergency care before a vet is transferred to a VA medical center. Congressman Zack Space of Ohio's 18th District, who joined me at that hearing, introduced the House version of the bill. That bill is now law.

While we were successful in enacting that law, it's clear that challenges or problems facing veterans in Appalachia remain. Vets in our part of Ohio struggle with access to information about benefits, health care, education, and job training. Larger cities have more resources and veterans have shorter distances to travel to access them. The economic outlook happens to be tougher if you live in Guernsey County and any of the surrounding counties. The economic outlook is tougher here than it is in Columbus, just over an hour away.

As citizens face difficult financial realities and barriers to economic opportunities, Appalachians struggle to keep up with their big city and suburban counterparts. Simply put, there are more economic resources available for veterans in the larger and more populated areas than there are in more rural areas, of course. There are more private resources, more non-profit resources, more governmental resources, and more people available to lend a helping hand.

Despite these challenges, we recognize that veterans where ever they may live are entitled to benefits they have earned and deserve, benefits that include higher education, home ownership, and job training. Veterans have always been, as we know, the key to powering our Nation.

When Franklin Roosevelt signed into law the original GI Bill in 1944, it not only provided servicemembers with an education, it strengthened our Nation. Imagine in those years after World War II where seven million veterans took advantage of the GI Bill. It meant a great opportunity for each one of those seven million veterans in getting an education, getting work, building a home, and

starting a family. It helped quite a bit in creating the prosperity that this Nation enjoyed after World War II. That is an example of government helping both individual people and the larger public.

The Department of Veterans Affairs Mission Statement reads: "To fulfill President Lincoln's promise 'To care for him who shall have borne the battle, and for his widow, and his orphan' by serving and honoring the men and women who are America's veterans."

Thank you again for attending the hearing. We will now hear testimony from two panels of witnesses. Our first panel I'll introduce and call for each of them to speak roughly 5 minutes, or however long they need, and then we'll have questions.

Our first panel of witnesses consists of three veterans. Two of them will describe their story and experience living in Appalachia as a veteran. We will start with Dr. Greenlee from St. Clairsville.

Dr. Greenlee is an expert on Appalachia and will paint a picture of Appalachia and what people living here face in their daily lives. As a veteran, his perspective is particularly useful. Dr. Greenlee is a well known expert throughout eastern Ohio and earned his Ph.D. in social work from The Ohio State University. He has a Masters of Social Work degree from the University of Pittsburgh and a Bachelor of Science degree from the University of Maryland and currently serves as Dean of Ohio University's Eastern Campus in St. Clairsville.

We'll then hear from Cindy Maupin, who served 8 years in the Army. Not only is she a veteran, but also serves veterans and their families every day as Director and County Veterans Service Officer in Belmont County. She has been in that position for the last 9 years. She graduated in 1980 from Bellaire High School. She has worked for the Belmont County Veterans Office since June 2001. She's a lifelong resident of Belmont County and currently resides in Bellaire with her husband Don and son, Woody.

Our last witness is Andrea Neutzling from Pomeroy in Meigs County. She served active duty in the Army for 4 years, then 5½ years in the Army Reserve. She was deployed to both Korea and Iraq. She was assigned to military intelligence. While in Iraq she was wounded in the shoulder, which put an end to her aspirations to be a police officer when she returned to civilian life. She is currently studying for a degree in counter-terrorism at Ohio University. Thank you all for your service to our country and thank you all for continuing to serve veterans. Dr. Greenlee will start.

STATEMENT OF RICHARD W. GREENLEE, Ph.D., ASSOCIATE PROFESSOR OF SOCIAL WORK, DEAN, OHIO UNIVERSITY EASTERN CAMPUS

Mr. GREENLEE. As a veteran of both the Army and Air Force, I'm honored to be able to speak to you today on Appalachian culture and veterans.

Historically, the residents of Appalachia have faced chronically high rates of poverty, substandard housing, inadequate schools, poor health care for many generations, yet when they are called they serve.

Despite these many challenges, they have survived and in some situations flourished. Resiliency is a major component of their constitution. The ability to get knocked down on many occasions and

get back up and take care of their families and themselves with limited outside help is commendable. Their environment has often required them to learn how to make do, make it last, and do without. They don't ask for much from others. They rarely ask for help, but when they do ask, they ask that they be listened to in a respectful manner so that their voices can be heard and they can have some influence over their own lives and health care.

Behringer has identified some important cultural barriers that have affected utilization of health care services in this region: (1) there is a general sense of mistrust of health care professionals and a fear of being taken advantage of by the system; (2) Appalachians also fail to assert themselves in seeking health care. This also promotes poor patient/provider communication and goal setting; (3) the cultural need for privacy and pride often leads to low health care utilization and poor followup with referrals; (4) there continues to be a general sense of fatalism that "whatever will be will be" and there is not much one can do about it, leading to less utilization of services; (5) some health care providers lack sensitivity to the cultural needs and concerns of Appalachian patients and are therefore incapable of establishing the necessary rapport with patients to be helpful.

The following are recommendations for Effective Practice with Appalachian Veterans: (1) health care providers should consider doing the following: (a) learn about the local culture; (b) make themselves accessible; (c) provide flexible services; (d) build a personal relationship with patients first; and (e) involve patients in their own treatment plan. This will facilitate the development of a positive practitioner/patient partnership. (2) comprehensive public education programs are needed to help community members, social workers and clergy understand the signs and symptoms of diseases that veterans may be experiencing so they can conduct interventions to promote the utilization of health care services by veterans in the community with people they trust; (3) veterans and their families need to be apprised of all the services that they are entitled to as a veteran of the armed services; (4) health education is critical if we are to ensure that Appalachian veterans don't base their health care decisions on inaccurate information they receive from family and friends, or wrongful interpretation of data they read on the Internet; (5) Browning and others suggest that practitioners: (a) help patients find the words to describe their condition; (b) be careful to assess the psychological aspects of physical complaints by patients; (c) connect with the patients' feelings; (d) learn the local language for "nerve" conditions; and (e) be prepared to spend an adequate amount of time with patients to effectively listen, learn, and establish rapport with them.

In conclusion, Appalachians value most their families and home place. They respect others and expect to be respected by others regardless of their station in life. They value the freedom to live their lives with limited outside or government interference. They take care of their own with minimal requests for outside assistance. However, in dire emergencies, when they have ventured out to seek assistance from government agencies, they have found these agencies to be disrespectful, overwrought with bureaucratic red tape, with stringent eligibility criteria that often left them with little or

no help. For those who received assistance, many feel they have had to pay too high a price for it, with their very self-worth and dignity sacrificed in the process. They have often encountered health care providers that have not treated them as a person, but rather as a case number, further alienating them from the health care system.

For these reasons, many Appalachian veterans and their families never seek help; they do the best they can through self help. This is oftentimes not enough for those encountering depression, anxiety or post traumatic stress due to their previous combat experience. Thankfully this is not necessary. If we are to effectively help the Appalachian veterans and their families we will need to educate them and the public about the impact of the combat experience on these veterans.

We will need to implement aggressive outreach programs informing veterans about the services that are available to them. We will need to treat them with dignity and create assistance that acknowledges them as people first, patients second. We will have to be vigilant in our advocacy for veterans when the system does not own up to its end of the bargain that veterans signed on for when they joined the military. If we do this Appalachians will do what they have always done. Their fighting spirit will rise again and they will take on these objectives and with the resilience that they are most famous for, they will put their lives back together in the place they call home, Appalachia.

[The prepared statement of Mr. Greenlee follows:]

PREPARED STATEMENT OF RICHARD W. GREENLEE, PH.D., ASSOCIATE PROFESSOR OF
SOCIAL WORK, DEAN, OHIO UNIVERSITY EASTERN CAMPUS

INTRODUCTION

As a veteran of the both the U.S. Army and the U.S. Air Force, where I served as a social work/psychology specialist in the Army and clinical social worker in the Air Force, I am honored to be asked to speak to you today about Appalachian culture and veterans. My family came to Belmont County, Ohio, in the early 1800's. My roots in Appalachian Ohio run deep, and my commitment to the region is strong. Having grown up in a coal mining family, I vividly remember the challenges I faced in adapting to the military culture when I moved from Bethesda, Ohio, to Ft. Knox, Kentucky, to Ft. Sam Houston, Texas, to my permanent duty station at Walter Reed Army Medical Center in Washington, DC. I learned to co-exist simultaneously within two very unique and different worlds. This life experience, along with my education and training as a social worker, have shaped my current understanding that culture is all encompassing. There can be little doubt that my Appalachian cultural experience, has had a significant impact on how I perceive and respond to the world around me, as it does others who come from the region.

DEFINITION OF CULTURE

Culture as defined by Bates and Plog (1990) "is a system of shared beliefs, values, customs, behaviors, and artifacts that the members of a society use to cope with their world and with one another, and are transmitted from generation to generation through learning." It "is the lens through which all things are viewed and how it is interpreted," (Briggs, Briggs, & Leary, 2005, p. 95). Subsequently, culture impacts all that we see and how we experience events in our lives.

APPALACHIA DEFINED

According to the Appalachian Regional Commission (ARC), Appalachia is a region defined by Federal legislation that extends from Mississippi to New York, through 13 states, 420 counties, 205,000 square miles with 24.8 million people. West Virginia is the only state completely encased in the Appalachian region. Thirty-two counties located in the southern and eastern sections of Ohio are considered to be

part of the Appalachian region. Appalachia is characterized by slow population growth and a greater proportion of the population being over the age of 65 than the rest of the Nation. According to the 2000 census data, Non-Hispanic Whites account for 88 percent of the Appalachian population (20.1 million people). Twelve percent of the population are minorities with 8 percent being Non-Hispanic Blacks (1.9 million people), 2 percent Hispanic (465,000 people) and 2 percent defined as Other Races (471,000 people) which may include: American Indians, Asians, Pacific Islanders and multiracial persons (Pollard, 2004).

APPALACHIANS DEFINED

The term Appalachian can be ambiguous and difficult to define. As noted by Keefe (2005), the term Appalachian is largely one used by outsiders and scholars and not commonly adopted by members of the Appalachian communities in which they reside. However, Friedl, (1978, p.2) provides us with a working definition for our purposes. He states, “* * * any person who was born, or one of whose parents was born, in a county designated by the Federal Government as falling within the Appalachian region” can be defined as an Appalachian.

LACK OF MINORITY STATUS

In general, the residents of Appalachia are not protected as a racial or ethnic minority and as previously noted, most Appalachians do not recognize the term Appalachian, nor do they see themselves as part of this group. Nevertheless, Appalachians do, in many ways, reflect the characteristics of a minority group as defined by De Hoyos, De Hoyos and Anderson (1986):

Any group whose members have limited access to conditionally rewarding roles, and therefore, are typically deprived of such social rewards as money, respect, social status, security, recognition, challenges, new experiences, opportunities to grow and so forth. (p. 64)

Throughout its history, Appalachia has faced chronically high rates of poverty, unemployment, substandard housing, low educational attainment and poor health care. These challenges continue to be concerns as is evident in the recent findings of an Appalachian Regional Commission report (2010) entitled, *Socioeconomic Overview of Appalachia 2010*:

- 116 counties with a poverty rate 1.5 times the U.S. average
- Lower college completion rate than U.S. at large (17.6% Appalachian to 24.4% U.S.)
- Lower per capita market income than U.S. (\$24,360 Appalachian to \$32,930 U.S.)
- Two-thirds of Appalachian counties now have higher unemployment rates than the United States as a whole (276 of 420 counties)
- More Appalachians have become discouraged workers and have given up searching for jobs
- Between 2000 and 2007 Appalachia lost more than 35,000 jobs in farming, forestry and natural resources and another 424,000 jobs in manufacturing (22% loss)

To make matters worse, the public is still prone to promoting a fictitious image of the dumb, ignorant hillbilly who never existed (Slone, 1978). Slone (1978) states:

These lies and half-truths have done our children more damage than anything else. They have taken more from us than that large coal and gas companies did by cheating our forefathers out of their minerals, for that was just money. These writers have taken our pride and dignity and disgraced us in the eyes of the outside world. When our children go into the cities for work or are drafted into the army, they are forced to deny their heritage, change their way of talking, and pretend to be someone else, or be made to feel ashamed, when they really have something to be proud of.” (pp. xii & xiii)

Not too long ago, CBS made plans to put on a proposed reality show to find the quintessential “Appalachian” family based on *The Beverly Hillbillies* and Abercrombie & Fitch sold t-shirts that said, “West Virginia, It’s All Relative.” (Biggers, 2006, p. xiii) These kinds of culturally insensitive acts that promote stereotypes need to be confronted and instead, educational campaigns that promote the many achievements of Appalachian men and women need to be established.

APPALACHIAN CULTURAL TRAITS

In a review of the literature, Susan Keefe identifies a set of core Appalachian values that include: "egalitarianism, independence and individualism, personalism, familism, a religious world view, neighborliness, love of the land, and the avoidance of conflict" (Keefe, 2005, p. 10).

Egalitarianism is the "belief that fundamentally one man or woman is as good as another or at least can be if he or she tries" (Maloney, 2005, p. 328). Subsequently, Appalachians judge a person by their actions and not the degrees or credentials they hold.

Independence is a shared value among many Appalachians. They cherish their freedom. They tend to be antagonistic toward government regulation (Greenlee, 1993). In a study of the working poor of Appalachian Ohio (Greenlee, 1991), the author of this paper asked the following question: "Who do you trust around here to help you?" One respondent stated:

* * * family, close friends, but as far as the government I'd rather not deal with them if I don't have to. (p. 70)

Another said:

I think the government has been the least helpful. As for the needs and where to go for help, I think it has been individuals. The church has been terrific * * * but the government agencies just don't come knockin' on your door sayin' look this is available to you. (p. 70)

Fiene (2005) found that women in alcoholic homes "guard family secrets", are "reluctant to acknowledge family alcohol problems publicly," avoid "reliance on co-workers for help," and rely "mostly on independent self-help as a means of coping" (p. 243). I would argue that this is a common response for many Appalachians for personal and family concerns.

Individualism is the strong belief in self-reliance and the expectation that one will take care of his or her own problems without the assistance of others and that dependency on others for any reason reflects negatively on a person. Subsequently, individuals tend to deny they have health problems until they are so severe they have to seek help and by the time they seek help it may be too late to effectively treat the disease. In addition, as noted above by Fiene (2005), Appalachians will read books, consult with friends, and surf the Internet in an attempt to self-diagnose and treat their own problems. This can create a whole other set of problems from misdiagnosis, to over-analysis of the side effects of medication to rationalize not using them, and to the creation of a self-argument to discontinue seeing a physician because "he doesn't know what he is doing."

Personalism is based on personal relationships, not titles. Here, failure on the part of practitioners to establish a relationship with the patient first, by using rote questioning and maintaining rigid procedures held in place by bureaucratic red tape, may lead the patient to feeling like a number and ultimately to patient alienation. Appalachians will tend to reject these providers and their services when they perceive that they are not being treated as an individual.

Familism is a core value in Appalachia. Family is the primary source of support in times of difficulty and the reason why many will not leave the region in times of high unemployment and limited opportunities. They overwhelmingly prefer to stay with family and stick it out until times improve.

In times of difficulty, the most common support for Appalachians is their family and friends. The second most highly regarded source of support is the church. In a study conducted by the author of this paper, "governmental services were the most talked about, the least used, and the most negatively viewed of all three support systems" (Greenlee and Lantz, 1993).

Many Appalachians have a religious world view. They are distrustful of government agencies and services, but they trust in the church-based social services. Even when poverty-stricken, the church provides them with a sense of identity and self-worth. The church gives them opportunities to demonstrate their competence through volunteerism and provides them with a source of emotional and financial support. This informal network also provides them with a host of support services such as food, small loans, transportation and personal assistance in emergencies (Greenlee, 1993).

The concept of neighborliness may be an asset that could be utilized by health care practitioners. These practitioners could arrange for family, friends or other community members who are driven culturally to help their neighbors and who have had positive experiences with the health care system, to share their experi-

ences and provide emotional support to Appalachian veterans who may be considering treatment options.

Love of land and place are key ingredients in the character of Appalachians. It is important for them to own land and to look after it. This connection with the land provides them with a sense of meaning, safety and security that may go back several generations on the old home place. Loss of a home place can be very detrimental to the Appalachians sense of self and identity and promote disorientation.

Appalachians often seek to avoid conflict at all cost. This can create problems when health care practitioners try to impose their will on clients by strongly encouraging them to adhere to certain aspects of a treatment plan without true agreement on the part of clients. Appalachian clients will often nod their heads in seeming agreement and approval of the suggestions, when they really do not agree and do not intend to follow through on the recommended treatment.

In a qualitative study of a group of women in Appalachia who had been diagnosed with depression (Browning, Andrews and Niemczura, 2000), the researchers discovered that fatalism and the stigma of a mental health diagnosis caused these women to delay seeking treatment for their depression. Browning, et al. (2000) found that the women were afraid to tell others about their symptoms for fear of being made fun of or not being taken seriously. This resulted in an isolation that at some point results in a "paralytic crisis," and a critical juncture in which they would finally seek professional help for their depression. These women reported that their husbands never asked what was going on and they never told them. Participants in the study "felt an overwhelming need for health care providers to understand the nature of their depression" (Browning, et al., 2000, p. 30). Many of them presented their problems as physical problems that are culturally more acceptable or referred to their depression as "nerves." In addition, the researchers found that it was vitally important for medical practitioners to take time to listen to what the patient was really saying so they could accurately diagnose the depression and prescribe the appropriate treatment.

VETERANS ATTITUDES TOWARD SOCIAL SERVICES

Military veterans have been found to be less likely than the general population to seek mental health services due to perceived stigma (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, (2004). Combine this with the Appalachians resistance to seeking mental health treatment or help of any kind (Behringer and Friedell, 2006), and the combination of the two cultures, one military, the other regional affiliation, and it is highly unlikely that Appalachian veterans will voluntarily seek help for depression, anxiety or Post Traumatic Stress Disorder that they may be experiencing upon returning home from the service. These attitudes will require comprehensive education and outreach efforts to help them upon leaving the military.

STRENGTHS OF APPALACHIAN VETERANS

Many of the Appalachian veteran's cultural values can be positive attributes and curative factors if an astute health care provider can marshal them as resources. If the practitioner treats the individual with dignity and respect (egalitarianism) there is hope that a therapeutic relationship can be established where mutual respect can lead to effective implementation and follow through with a treatment regimen.

If the practitioner can tap into the strength of the individual who needs to be treated like a person and not a number and empower them to make their own decisions about their diagnosis and treatment decisions, then their resistance to becoming dependent on others can be a good thing for long term efficacy of interventions.

If the health care workers utilize the church pastor and friends who patients respect in the community, they are more apt to listen to their advice and utilize the support services that they provide due to the greater degree of trust they have in these organizations and people.

It is important to recognize the safety, security and identity that come with Appalachian individuals being able to stay in their own homes, on their own land and in their own communities. Whenever possible, services need to be provided as close to home as possible to increase the likelihood that patients will follow through with these support services, not to mention their ability to find transportation to make appointments located long distances from their homes.

Finally, it is important that medical providers listen to clients describe in their own words what they believe the problems are and how they can best be assisted. They need to listen to concerns about "nerves" and the need for "nerve pills." They need to tune into the underlying message that may come with a myriad of physical

complaints that may actually be psychologically based stress disorders. If they do not listen, they will not hear, or they may not even be told, what is really going on in that patient's life and subsequently, prescribe the wrong treatment for the wrong problem.

Historically, the residents of Appalachia have faced chronic and severe poverty, substandard housing, inadequate schools, and poor health care for many generations. Despite these many challenges, they have survived and in some situations flourished. Resilience is a major component of their constitution. The ability to get knocked down on many occasions, get back up, take care of their families and themselves with limited outside help is commendable. Their environment has often required them to learn how to make do, make it last and do without (Greenlee, 1993). They don't ask for much from others. They rarely ask for help, but when they do ask, they ask that they be listened to in a respectful manner, so that their voices can be heard, and they can have some influence over their own lives and health care.

BARRIERS TO PROVIDING SERVICES TO APPALACHIAN VETERANS

The following are cultural barriers to effective utilization of health care services in the region, even when they are available, as identified by Behringer, Friedell, Dorgan, Hutson, Naney, Phillips, Krishman and Cantrell, 2007:

- There is a general sense of distrust of health care professionals and a "fear of being taken advantage of by 'the system'", (Behringer and Friedell, 2006, p. 3).
- Appalachians often fail to assert themselves in seeking health care. This also promotes poor patient/provider communication and goal setting.
- The cultural need for privacy and pride often leads to low health care utilization and poor follow-up with referrals.
- For many rural Appalachians access to health care is limited due to limited income, insurance and access to reliable transportation.
- Availability of health care services locally may be limited.
- There continues to be a general sense of fatalism that "whatever will be will be" and there is not much one can do about it, leading to less utilization of services.
- Some health care providers lack sensitivity to the cultural needs and concerns of Appalachian patients and are therefore incapable of establishing the necessary rapport with patients to be helpful. This is compounded by insider/outsider dynamics (McDonald), where providers will always be considered outsiders if they were not born and raised in the community, even after many years of residency. These outsiders (often health care practitioners) are often seen as temporary residents who are not really committed to the community and are not to be trusted. However, even though it may be more difficult for outsiders, once trust is established over time with members of the community, it is long lasting regardless of one's insider/outsider status.

RECOMMENDATIONS FOR EFFECTIVE PRACTICE WITH APPALACHIAN VETERANS

1. Health care providers should consider doing the following: a) learn about the local culture; b) make themselves accessible; c) provide flexible services; d) build a personal relationship with patients first; and e) involve the patients in their own treatment planning. This will facilitate the development of a positive practitioner-patient partnership. If health care providers are to be effective in working with veterans living in the Appalachian region it is critical that they become culturally competent and adept at communicating with Appalachian veterans in such a way that they are able to establish rapport.
2. Comprehensive public education programs are needed to help community members, social workers and clergy understand the signs and symptoms of diseases that veterans may be experiencing, so they can conduct interventions to promote the utilization of health care services by veterans in the community.
3. Prevention, education and outreach services by agencies that are respected in the community must be employed to increase utilization of health care services.
4. Veterans and their families need to be apprised of all the services that they are entitled to as a veteran of the armed services. Aggressive outreach campaigns will be necessary and the establishment of a rural public transportation system to improve access to services.
5. Key gatekeepers in the community must be educated about the mental health and health care needs of veterans and the services available to them. Sponsors, preferably veterans, need to be identified who can vouch for the effectiveness of treatment. Receiving help from people they know and trust is the most effective way for Appalachian veterans to overcome the fatalistic attitude of "it won't make any difference what I do."

6. Health education is critical if we are to ensure that Appalachian veterans don't base their health care decisions on inaccurate information they receive from family and friends, or wrongful interpretation of data they read on the Internet.

7. Browning, Andrews, and Niemczura (2000) suggest that practitioners: a) help patients find the words to describe their condition; b) be careful to assess the psychological aspects of physical complaints by patients; c) connect with the patients' feelings; d) learn the local language for "nerve" conditions; and e) be prepared to spend an adequate amount of time with patients to effectively listen, learn and establish rapport with them.

CONCLUSION

Appalachians value most their families and home place. They respect others and expect to be respected by others regardless of their station in life. They value the freedom to live their lives with limited outside or government interference. They take care of their own with minimal requests for outside assistance. However, in dire emergencies, when they have ventured out to seek assistance from government agencies, they have found these agencies to be disrespectful, over wrought with bureaucratic red tape, with stringent eligibility criteria that often left them with little or no help. For those who received assistance, many feel they have had to pay too high a price for it, with their very self-worth and dignity sacrificed in the process. They have often encountered health care providers that have not treated them as a person, but rather as a case number, further alienating them from the health care system. For these reasons, many Appalachian veterans and their families never seek help, and do the best they can through self-help. This is often times not enough for the veteran who is encountering depression, anxiety or post-traumatic stress due to their previous combat experience.

Thankfully, this is not necessary. If we are to effectively help the Appalachian veterans and their families, we will need to educate them and the public about the impact of the combat experience on these veterans. We will need to implement aggressive outreach programs informing veterans about the services that are available to them. We will need to treat them with dignity and create a system that acknowledges them as people first, and patients second. And we will have to be vigilant in our advocacy for veterans, when the system does not own up to its end of the bargain, that veterans signed on for when they joined the military.

If we do this, Appalachians will do as they have always done. Their fighting spirit will rise again, and they will take on these challenges, and with the resilience that they are most famous for, they will put their lives back together, in the place they call home . . . Appalachia.

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Senator BROWN. Thank you, Dr. Greenlee. Ms. Maupin.

**STATEMENT OF LUCINDA J. MAUPIN, EXECUTIVE DIRECTOR,
BELMONT COUNTY VETERANS OFFICE**

Ms. MAUPIN. In the almost 9 years of working with the veterans in this area I have found that one of the biggest complaints from our veterans is access to health care. Our veterans are part of VISN 4 and use the VAMC in Pittsburgh, PA, which is 60 miles away and approximately 100 miles, in some cases more, for veterans living at the opposite end of the county.

Our office provides transportation for veterans using the DAV transportation program. We have two vans that go up daily. We go Monday through Friday and we pay two full-time drivers from our county funds. When a veteran is scheduled for a compensation or pension exam they may have to go to Columbus or Mount Vernon, OH, which, there again, is about 120 miles from Belmont County. We provide transportation for those trips using our office van. Each trip means paying a part-time backup driver to drive the van. Even with the three vans that we have available, it does not seem to be enough. Our vans are full almost every day and there are times when we do not have the county van available to take a veteran to his or her compensation and pension exam.

For an example, this Wednesday we had to deny transportation to a veteran to Mount Vernon. Our county van will not be available. I had a call from the St. Clairsville outpatient clinic on April 1 asking if we could provide a veteran who did not have transportation to the VA Primary Care Clinic or to the pickup point to go to Pittsburgh. Unfortunately we cannot do that due to the cost of another driver. The veteran who the clinic was calling about was tracked down by the clinic after calling the VA's suicide hotline. This veteran could have died because the care he needed was not available.

Veterans in our area do not have access to emergency care. If a veteran visits a local emergency room he or she is charged for the visit unless the VA decided the visit was life threatening. When transportation is not available, a veteran may have no other option but to go to a local emergency room. Our county vans transport Monday through Friday. The first van leaves at 6 a.m. to Pittsburgh and comes back at noon. We have a van that leaves Belmont County at 10 a.m. to Pittsburgh and leaves Pittsburgh when the last veteran is finished. We do not cover the weekends or holidays or any nighttime transportation. With additional funds for drivers, we have the vans available, we could make a difference.

Another problem we have in our area is that a lot of veterans and family members do not know we are here for them. We have put advertisements in the local papers and set up tables at the county fair and other events held throughout the county but we still do not reach everybody. Outreach can make a big difference to a veteran or his or her widow. I had a veteran from Powhatan Point, which is around 30 miles from our office, tell me I actually saved his life. He had lost his family in the floods in Shadyside on June 14 of '92. Shortly afterwards lost his job and eventually he was planning on taking his own life. Someone had told him that our office would pay utility bills for him and he wanted to put his affairs in order before he killed himself. So he came to the Powhatan City Building where I have a satellite office open each week and I told him about VA Pension. He decided to apply and within 3 weeks he had his claim approved, and he credits our office for saving him. I feel that if we had additional funds to advertise or to set up more satellite offices we could reach more veterans and possibly change more lives.

Widows or widowers are a forgotten group who are, in some cases, worse off than the veteran when it comes to knowing who to look for when they need help. A veteran can usually find information from other veterans or service organizations. A widow or widower may not have anyone they can turn to to get information on benefits. I have recommended to some of the service organizations to advise their members to pre-plan for their death so that their spouses know exactly what paperwork is needed and what he or she will be entitled to upon his or her death. We need to seek out our elderly widows and widowers and our veterans who can no longer make it to our office to make sure they get the benefits they are entitled to. In order to do this we need additional funds. We would need funding to provide a service officer for additional satellite offices and transportation.

Another problem facing Appalachia is the number of lost jobs in our area. So many of our veterans have been laid off from the steel mills and coal mines and other companies that have been affected by our economy. They do not have the education needed to find other gainful employment to compete with younger people who have an advantage over someone who may not have the training in computers or modern technology. Our older veterans who have lost their jobs have let their GI Bill or VEAP benefits expire. If they wanted to go to college they would be faced with having to take out student loans and after graduation they would have to start over with a large debt to repay. A veteran would be more like-

ly to return to school if funds were available to help pay for his or her education.

I feel that the county veterans offices are the link between the VA and the veteran. We need additional funding to develop and make our programs a success. Our office not only works with the veterans of Belmont County, we also help the veterans who come to us from West Virginia. We see the need for more transportation, easier access to health care, more service officers, and better education benefits every day. Rather than be bound to a county or State border, it would be great to be able to assist all veterans of our region. Thank you.

[The prepared statement of Ms. Maupin follows:]

PREPARED STATEMENT OF LUCINDA J. MAUPIN, EXECUTIVE DIRECTOR,
BELMONT COUNTY VETERANS OFFICE

My name is Lucinda J. Maupin, I have been a lifelong resident of Belmont County, Ohio and I am a veteran of the United States Army serving on active duty from November 1981 to June 1989. In July 2001 I was hired as an administrative assistant to the Belmont County Veterans Service Officer. In January 2003 I became the Executive Director of the Belmont County Veterans Office. I am also a life member of the Veterans of Foreign Wars, a member of the American Legion, AMVETS, and an accredited County Veterans Service Officer with the Ohio State Association of County Veterans Service Officers and the National Association of County Veterans Service Officers.

In the almost nine years of working with the veterans in this area I have found that one of the biggest complaints from our veterans is access to health care. Our veterans are part of VISN 4 and use the VAMC in Pittsburgh, Pennsylvania which is sixty miles away from our office and up to approximately one hundred miles for veterans living at the opposite end of the county. Our office provides transportation for veteran using the DAV transportation program. We have two vans that provide transportation to Pittsburgh Monday through Friday and we pay two full time drivers from our county funds. When a veteran is scheduled for a compensation or pension (C&P) examination they might have to go to Columbus or Mount Vernon, Ohio and we provide transportation for those trips using our office van. Each trip means paying a part time back up driver to drive the van. Even with the three vans that we have available it does not seem to be enough. Our vans are full almost every day and there are times when we do not have the county van available to take a veteran to his/her C&P exam. This Wednesday, April 7, 2010, I had to deny a veteran transportation to Mount Vernon, Knox Community Hospital because our county van will not be available. I had a call from the St. Clairsville outpatient clinic on April 1, 2010, asking if we could provide veterans who did not have transportation to the VA Primary Care Clinic or to the pickup points for the vans to Pittsburgh and unfortunately we cannot do that due to the cost of another driver. The veteran who the clinic was calling about was tracked down by the clinic after calling the VA's suicide hotline. This veteran could have died because the care he needed was not available.

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Powhatan City Building where I have a satellite office open each week and I told him about VA Pension. He decided to apply and within three weeks (that was the only time I have ever had a claim approved in three weeks) he was approved and he credits our office for saving him. I feel that if we had additional funds to advertise or to set up more satellite offices we could reach more veterans and possibly change more lives.

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Thank you.

Senator BROWN. Thank you, Ms. Maupin.
Ms. Neutzling.

**STATEMENT OF ANDREA MICHELE NEUTZLING, VETERAN, U.S.
ARMY SPECIALIST, MILITARY INTELLIGENCE ANALYST**

Ms. NEUTZLING. I live with my father so I have someone to help care for my daughter while I'm in school. In December 2007 my father applied for the HEAP program to help with our heating costs for the wintertime. He was denied benefits for the HEAP program because of the fact where I was living with him and I had made too much the previous year. When they had called to inform us that we were denied, I was the one who answered the phone, and I asked them why. They said because I had made too much. I asked them—I explained to them—I go, "Well, I was in Iraq. I was in the war zone the entire year." And she goes, "Well, I'm sorry, ma'am, but you just made too much." So, OK, in other words, you're punishing us because I was in the war. I'm a veteran, so you're punishing us, "You made too much."

From January 2008 to March 2009 I was attending Ohio University. I took a break from school and started back up at Rio Grande, the University of Rio Grande, this past January. Before I started my classes I spoke with my VA Education Rep and he informed me that I should put in for the Post-9/11 GI Bill since I would be granted 100 percent benefits. I applied was accepted for the Post-9/11 program. Then, when I started receiving my monthly benefits

I found out I was actually getting less from the Post-9/11 than I was getting from the Montgomery GI Bill.

In order for me to go back to the original GI Bill I would have to file an appeal with the VA and then they can decide whether or not to let me go back to the Montgomery GI Bill. I feel that there should have been some way for me to find out which I would have gotten more benefits from before I formally switched from one program to the other.

A lot of my issues lay within the VA itself. In order for me to receive my care, I have to travel to the Chillicothe VA medical center, which is 2 hours away from me. Yes, there is an outpatient clinic in Athens, which is a 30-minute drive, but most of my issues cannot be handled at the outpatient clinic, along with some of the veterans from my county cannot who afford to the make drive to Chillicothe. We can go to the VSO and get a drive to the clinic as long as we notify them a week in advance. I am forgetful for medical reasons and so I do not usually remember about my appointment until the day before when the VA calls me to remind me of my appointment the next day. If there would be some way to get more VA outpatient clinics and have the VA send us to a local doctor or hospital it would be a lot easier for veterans in my area to get their health care taken care of.

My shoulder injury has never fully recovered. I've had one surgery on it while I was in New Jersey on medical hold orders. I get prescribed Flexeril from the VA as a muscle relaxer, but it does not do me any good for I have developed a high tolerance to it while I was in Iraq. Most other muscle relaxers can make a person's blood pressure drop. I already suffer from low blood pressure. It's even documented in my medical records. The VA will not cover Metaflaxin, which is the only muscle relaxer that I've found that does not affect my blood pressure. Because it is not formulary, they will not cover it. The VA rated me zero percent for my shoulder saying I had no loss of range of motion, which I have. I'm currently seeing a civilian orthopedic doctor so I can submit paperwork for a reevaluation for my shoulder injury.

I couldn't be rated for PTSD because the VA couldn't gather sufficient support. When I went to file for it, they wanted me to recount everything. At that time I wasn't ready to discuss, let alone write down all my accounts of being raped, having a British soldier die in my arms, and seeing what happened after detainees would beat the life out of each other. The few times I went to Mental Health. I had one doctor ask me, since I had all these problems with the military, why I wanted to stay in. I told him it wasn't the military I had problems with, it was some of the people in the military.

The VA will not determine if I even had a mild TBI. When I injured my shoulder I blacked out, I'm not sure for how long, I just know that ever since then my moods change drastically. If it's not military related I tend to forget things I just learned earlier in the week. This makes it even harder for me at school.

Before I was sent to Iraq I was attending Hocking College in Nelsonville, OH, taking police science classes. I was working on becoming a police officer. But when I injured my shoulder, I could no longer do sit-ups and push-ups. Those two things are mandatory

for becoming an officer in the State of Ohio. I was using my GI Bill for this. I lost \$5,000 of my GI Bill because I couldn't continue.

I tried to get into the VEAP program. I had to go to Columbus and take numerous skills tests, and then they said I would have to talk to people in my potential job field and ask them questions about things like what the benefits are, the pay and duties. I plan on going into a government job once I get my Bachelors degree. I know I can't just go up to one of those types of agencies asking questions, so I was denied that benefit. I'll run out of my GI Bill benefits before I get my degree. But many younger veterans will probably be facing that problem also because the GI Bill was designed when school cost roughly \$50,000 for 4 years of education.

The VA in Chillicothe has designated a specific team for some vets, but unlike Columbus VA there are men in the area. Chillicothe doesn't have a permanent mental health doctor that is a woman. This makes it harder for any female vet with a military sexual trauma to go in and talk to them.

Ever since I was in Iraq I've had problems with my lungs. I worked downwind from the burn pits on my camp, but the VA is mostly concentrating on the Balad burn pits. Camp Bucca's burn pit is directly upwind from the internment facility, for the first 9 months I was over there. I had even contracted pneumonia within those first 9 months. Now anytime I develop an upper respiratory infection I have to go and get a shot of antibiotics and oral antibiotics to take to prevent it from developing into pneumonia. But since I cannot prove I was downwind from the pit, I can't claim it with the VA.

I am the granddaughter of a Korean War veteran. My grandfather was very disillusioned by the VA. I do not want to be disillusioned by the VA. The VA has been specifically related to the old-fashioned combat where there is a line in combat, there's lines drawn. This is where the VA is. They have not advanced their properties and their thinking into the type of combat situations veterans are facing in this day and age.

[The prepared statement of Ms. Neutzling follows:]

PREPARED STATEMENT OF ANDREA MICHELE NEUTZLING, VETERAN, U.S. ARMY
SPECIALIST, MILITARY INTELLIGENCE ANALYST

In December 2007, my father applied for HEAP, I live with him so I have someone to take care of my daughter while I am in school, and he was denied HEAP benefits because I made too much the year before. From June 2005 to August 2005 I was in New Jersey preparing to deploy. August 2005 until August 2006 I was stationed at Camp Bucca, Iraq. Upon returning I was kept at Fort Dix, New Jersey, to get my shoulder injury taken care of. I was released from active duty June 2007. The

HEAP office called and spoke directly to me to inform us that we would not be receiving HEAP benefits. When I was told why, I got upset and even asked why it seemed that we were being punished pretty much because I served in a war. They said that wasn't the reason at all, it was because I made too much the year before, I replied with I was in Iraq and then being treated for an injury that year. All she could say was I'm sorry you feel that way ma'am.

From January 2008 into March 2009 I was attending Ohio University on the MGIB. I took a break from school from April 2009 until just this past January; I attend the University of Rio Grande. Before I began classes this year I talked to the VA Education rep at my school, was informed that I would probably get more money from the Post-9/11 GI Bill than I got from the MGIB. I did the paper work to switch over. When I began school and started getting my monthly payment I found I went to getting less a month under the new GI Bill. There should have been

a way to find out how much under both I would have gotten before I switched, so I could go with the better one.

My county's Veterans Service Officer has told me about numerous programs available to me as a veteran; including the Military Injury Relief Fund. I haven't tried for anything other than the HEAP, Medical Card, and Food Assistance.

Most of my issues lay within the VA itself. In order for me to receive my care, I have to travel to Chillicothe VA, which is a 2 hour drive for me; yes there is an outpatient clinic in Athens, a 30 minute drive away. Some of the Veterans in my county can't afford to make the drive to Chillicothe. Yes we can get a ride to there through the county VSO, but we have to give them at least a week notice. I'm bit forgetful so I don't remember about my appointment until the day before when the VA would call me. If we could get some more VA outpatient clinics, or even have the VA send us to a local doctor instead. Even for things like orthopedics and certain surgeries we have to travel to places like Columbus or Huntington, when there are places like Holzer and Pleasant Valley Hospitals closer for us.

My shoulder injury has never fully recovered; I've had one surgery on it while I was in New Jersey on Medical Hold orders. I get prescribed Flexeril as a muscle relaxer, but it doesn't do any good for me. I developed very high tolerance to it while I was in Iraq. Most other muscle relaxers can make a person's blood pressure drop. I already suffer from Low Blood Pressure, it's even documented into my medical records, and the only other muscle relaxer I've found to work for me and not mess up my BP is Metaxalin a.k.a. Skelaxin. But I can't get it from VA because it's not Formulary. It doesn't help that the VA rated me 0% for my shoulder, saying I had no loss of my range of motion, which I have. I'm currently seeing a civilian orthopedic doctor, so I can submit paperwork for a reevaluation.

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I grew up looking forward to serve my country from the time I was about 8 years old. I'm the Granddaughter of a Korean War vet, and I don't want to be disillusioned by the VA like my grandfather is. I expect the US Government to take care of all veterans no matter what generation they are in. My daughter, who is almost seven, plans on going into the military, either Air Force or Army; she hasn't decided. I hope that the VA will be more adequately prepared for that time than they

are now. The VA seems to be stuck in thinking about how we fought wars in WWII, instead of advancing in preparing for the way the world changes and how wars are fought change with the times also.

Senator BROWN. Thank you, Ms. Neutzling. Thank you all. I would ask that the second panel address the concerns of Ms. Neutzling and Ms. Maupin, specifically. I also would appreciate Dr. Greenlee addressing these issues raised. Some are about funding and some are more fundamental, so give us your thoughts about some of these issues. I'll start with Ms. Neutzling. Does the Montgomery GI Bill provide more benefits to you than the new GI Bill?

Ms. NEUTZLING. Yes.

Senator BROWN. Do you know why, or did VA explain to you why, because that was not the intent? I know the new GI Bill is more updated and has other kinds of benefits. Can you tell me what you know about that?

Ms. NEUTZLING. When I asked them about this, they say, "Well, your tuition is paid directly from us." I was like, "Yes, but I was getting roughly, with the Montgomery GI Bill, I was getting just over \$2,000 a month." I was like, "I can pay that, pay my tuition with that monthly payment right there. But with the Post-9/11 I get my tuition paid to the school, but then I get housing which is only \$941."

Senator BROWN. OK. I would like to hear from the VA about the math because that was never the intent of that bill, but if the situation is right with Ms. Neutzling that benefit would be less. So I really want to understand that better. You live in Pomeroy?

Ms. NEUTZLING. Yes.

Senator BROWN. It's a half hour to Athens, so it's two plus hours to Chillicothe or Columbus?

Ms. NEUTZLING. Yes.

Senator BROWN. Athens—you made reference to it simply not having the medical expertise for your shoulder, or is it the lung issue or all of them?

Ms. NEUTZLING. Pretty much all of them. I find it's easier if they just send me straight to Chillicothe; so it's just easier to go to Chillicothe.

Senator BROWN. Do you ever use Athens for basic care or for pharmaceuticals?

Ms. NEUTZLING. I just go the Athens clinic for mental health care because they have an intern there that's female to help with the PTSD and MST. So I was attending—I was going to Athens for that. That was the only reason I was going to Athens.

Senator BROWN. In the issue of the bus and the van from Pomeroy to Chillicothe, they work with the VA on that and there ought to be a way they can get you that line so you can get a seat on the bus.

Ms. NEUTZLING. If my appointment is made in enough time and maybe mail it out, mail a little letter, to remind me about 2 weeks before. Then I will usually put it somewhere to find it to remind myself to go and set it up, but then I completely forget where I placed it.

Senator BROWN. Well, if you can't remember you might have the Veterans Service Organization Officer in Meigs County help. There ought to be a way that they can sit down and work this through

with you so that you can have some help. Make a copy of it so they can make the reservation on the bus or whatever.

I don't understand, Ms. Neutzling, how when you're going to Chillicothe for your shoulder, why VA would continue to say you're zero percent disabled on your shoulder. Have you taken that up with anybody at the Chillicothe Hospital in terms of getting reclassified?

Ms. NEUTZLING. I have discussed it with my county VSO and he told me that I just need to get some new paperwork to have it re-evaluated, then I should have my rating changed.

Senator BROWN. And the paperwork come from Chillicothe.

Ms. NEUTZLING. They rated me zero percent, so I have refused to go to the VA, because of that; so I have been going to a civilian doctor for my shoulder.

Senator BROWN. I would hope the VA can address that—Kim, if you would. I would hope that we can help you with that. The VA is an amazing institution that gives and makes fewer medical errors than any other facility and any other medical group in the country. But they're also huge and still make some mistakes, you know.

Ms. NEUTZLING. Even if I had to have surgery on my shoulder again a second time they would usually send me out to Huntington or Columbus.

Senator BROWN. To the VA?

Ms. NEUTZLING. To the VA, yeah; because the Chillicothe facility at the time didn't have those services.

Senator BROWN. I understand that. Chillicothe does some things better and that it has a terrific program. You have a building for homeless veterans, and you've got some other programs, as we pointed out. Each one has different specialties. Thank you very much.

When you're in school you have classmates who are veterans?

Ms. NEUTZLING. A few classmates who are veterans.

Senator BROWN. All right. One of the discussions similar to this—I was at Cleveland State with some veterans, a group of about eight or 10 veterans, and we walked around. Cleveland State and Youngstown State both have specific programs for integrating veterans into the university setting, understanding that a 22-year-old veteran who has come back from Iraq has a pretty different view of looking at the world than a 19-year-old straight out of high school going to Cleveland State, a more sophisticated view of the world, as you do, from your experiences. You saw things that many of us in this room have never seen and experienced things that many of us never will have to experience. So we're trying to figure out ways of helping veterans integrate into a university setting.

Do you feel that you and your veteran friends at OU are getting the right kind of experiences—or a better question: is there anything we can do better?

Well, think about it. You don't have to answer right now, but we would love to hear if you've got thoughts on that.

Ms. NEUTZLING. Honestly about the only way is because when I was going to OU and I sit there with my classmates, and, I mean, at the time I'm 28 and all of my classmates were mostly all 17, 18-year-olds fresh out of high school as you say, and they would ask

me—they would just be like, “Did you kill anybody?” They would ask, you know, the typical questions after they find out that you’ve been over there. It does get a little annoying and sometimes you don’t want people to know you’re a veteran.

Senator BROWN. That’s something we need to address. Thank you for that.

Ms. Maupin, thank you again for your service as a veteran and for the service you still bring to veterans. You are actually based out of Bellaire?

Ms. MAUPIN. St. Clairsville.

Senator BROWN. St. Clairsville. Is there one in Steubenville? I should know that.

Ms. MAUPIN. No.

Senator BROWN. So you have people from Jefferson County, Harrison County, Monroe County, and a few from across the river?

Ms. MAUPIN. A lot of our veterans come from West Virginia and Belmont County; and then I think Ed Massey over in Jefferson County, I don’t know, do your veterans use St. Clairsville?

Mr. MASSEY. Yes.

Senator BROWN. The CBOC—your understand that the CBOCs can’t do everything for Ms. Neutzling that a big hospital can do of course? You understand that? They never will. But are we providing the quality of service and the breadth of service that we should be?

Ms. MAUPIN. You’ll hear it both ways, and unfortunately I can’t use the VA health care system because I make too much money, but that’s another issue. Anybody who has to see a specialist has to go to Pittsburgh. So, you know, the clinics are good if you’ve got a cold or if you’re going in for a checkup; the clinic provides excellent care, but the sicker veterans are the ones that have to travel the farthest. To me, that’s not acceptable. I mean, we have veterans who can’t—we don’t allow veterans on our vans who can’t get on and off by themselves. So you’ll have somebody come in who has to try to get to the hospital in Pittsburgh who is very sick. We do provide a special van. If we have somebody who can’t ride in our van we will take them in our county van. But, there again, our county van is spread so thin and it might be in Mount Vernon or Columbus. You know, we’re going in all different directions here. It just seems so bad to me that the sicker veterans have to go the farthest for treatment.

Senator BROWN. So what is the solution to that? I mean, we can’t build Chillicothe-sized hospitals in 30 places obviously. So what—

Ms. MAUPIN. In our case it would be additional drivers. I mean, it would be additional money for additional drivers and additional vans. I know that right now that’s a county issue, you know, that our payroll comes from the county. But there has to be a better way for the veteran to get their treatment. There’s no reason in the world why she should have to, or any veteran, to have mental issues and have to worry about where or how they’re going to get treatment.

Senator BROWN. One of the problems, whether it’s in Jefferson County or Noble County or Richland County, where I grew up, is to get benefits to veterans. I think Appalachia seems to have a lit-

tle more difficulty because of people's natural self reliance, which Americans have generally and Appalachians seem to have even more. There are all kinds of benefits out there for veterans, things like HEAP that Ms. Neutzling talked about, the energy assistance program, things like the earned income tax credit, you know. She and a lot of families are eligible for that.

How do we get veterans to apply? What do you do as Veteran Service Officers in St. Clairsville or Flushing or Bellaire or, you know, anywhere else in Belmont County? What do you do to let veterans know they may be eligible for those programs? All Americans, not just veterans, but all Americans are eligible for something. Say they're making \$30,000 a year with a couple of kids, a single parent trying to make it, how can that individual get a significant tax break, get a thousand or \$2,000 back, as a reward for working hard and playing by the rules?

What are you doing about that?

Ms. MAUPIN. What we count on, we count on the Service Organization to do a lot of spreading the word about what we offer. Now, we're lucky, not all counties get the money to provide assistance. We have—our office is able to help somebody with a utility bill throughout the winter. We go from November to March just like HEAP does. If they're eligible for HEAP they're eligible to come in and get heating assistance from us, too. But a lot of people say they don't know about it. The additional funds for outreach, you can't reach everybody by setting up a table at the county fair or putting an article in the newspaper.

Advertising, I was actually—no thanks to the county commissioners—I was criticized for getting into a parade, spending county money so we could hand out fliers for heating assistance. They didn't want us to take our county funds and use it for that type of outreach. So everything we've tried to do, short of putting an ad over on TV, and I haven't checked into the cost of that, but if they're going to criticize us for getting into a local parade they're going to criticize us for spending more money on ads.

Senator BROWN. The Veteran Service Organization, the officers around the State talk to one another. Has there ever been a discussion on sort of the best way to let veterans know these kind of things? Is there any way of getting that word out to veterans about all this?

Ms. MAUPIN. The Ohio Department of Veterans Affairs has come up with a poster that actually offers the 1-800 number; but then you have the veterans that have spent 3 years in the service who don't think they're entitled to benefits. They don't know that they're even considered a veteran. I think that's where we lose a lot of people. I didn't know until I started working for the veterans office that I would have been eligible for health care.

Senator BROWN. I would hope Mr. Hartnett when he comes and testifies would talk about some of that. That's not even counting—those are the posters you put in the Legion and the VFW. That's not counting veterans that come home and don't know what they're entitled to.

Ms. MAUPIN. Our local service organization, the average age of their members are probably 50 and over. The younger people aren't

going into the service organizations. I don't know if that's in every area or in our area, but they're not joining.

Senator BROWN. They go home to Brilliant or wherever and never connect with you?

Ms. MAUPIN. Right.

Senator BROWN. Last question: what is your average day? How often do veterans walk in and say, "I'm home, is there anything you can do to help?"

Ms. MAUPIN. We've recently relocated. We were in a building in St. Clairsville that wasn't handicap accessible, it didn't have any parking and nobody really knew we were there. There was nothing on the outside of the building. So just recently we moved to Bel-la-ire. Our office is on the main street, it's got a ramp into the building, it's big, we have coffee and we advertise that a veteran can come in and sit and watch TV. We were donated a TV.

Senator BROWN. Where are you located?

Ms. MAUPIN. Belmont Street.

Senator BROWN. You have offices in Powhatan, too?

Ms. MAUPIN. We have a satellite office in Powhatan. I go down there once a week and I spend a couple hours down there. We have a satellite office in Barnesville, which is also quite a distance. We have a satellite office in Flushing. So when we moved, we read-justed our satellite offices to make sure that we tried to get the veterans in to see us. We work with the public libraries, and the libraries have let us set up there.

Senator BROWN. The places in Barnesville and Powhatan—

Ms. MAUPIN. Are the libraries.

Senator BROWN [continuing]. Are the libraries? You said Flushing is in a library?

Ms. MAUPIN. In Flushing, yes.

Senator BROWN. OK. You have posters up in all kinds of public places saying to call this 1-800 number or whatever?

Ms. MAUPIN. Yes.

Senator BROWN. OK, good. Thank you.

Dr. Greenlee, how do you overcome the sort of American feel of self-reliance and the Appalachian view even more so that people want to be by themselves more and they have a wonderful system of community here? How do you overcome that, to let people know that we're not giving you these things, you've earned this as a veteran; you've earned this education benefit, you've earned this health care benefit, you've earned these other benefits for community assistance and that sort of thing? How do you do that?

Dr. GREENLEE. Well, it's not an easy thing to do. But I think first off, I think you've got to get people they trust out in the community who are actually making a connection with them. But first they have to be educated about all of these issues that they face and their families need to be educated about this because they're going to be the people who are most likely influencing them to go for help, even though they may not want to go for help.

Social services are very complex about who is eligible for what. I think it's hard for a flier to explain. I think most of us probably wouldn't know what we are eligible for and in what context for almost anything. Because of that, people have to be very finely educated about that. We need to use clergy from the churches, we need

to use people from the schools, people from even their grade schools and their junior highs and their service organizations. I'm a member of the American Legion and I'm one of the younger people sitting in there on occasion. So it's a much older group of people involved.

I think that we need to engage every one of those areas in going out and reaching out to people and knocking on doors and talking to them about these services, then making sure they do understand this isn't charity. The last thing anybody wants to do is take something for nothing. I think sometimes there's ways you can acknowledge that for them so that they can feel more comfortable in accepting that. Then once you do get them the treatment, and it's going a long ways away, if you ask anybody in our county, if you ask people—I'm on a fair board committee helping them, and no one from one side of the county will come to the other side of the county because they consider that to be so far away, that it's unreachable.

Then to ask people to go to a city, which they feel uncomfortable anyhow, to go to the veterans hospital, and when you walk in there, as soon as somebody is treated, and I understand the pressures of trying to accomplish a lot quickly, but as soon as you act like you're in a hurry and "I want you to fill this out," "Go down here," "Get here," they've already shown you that they don't care about you, you're only a number, and you don't ever want to come back.

Many of them are going to fire the agency, not tell them they're fired, but never come back again. They would rather suffer through their pain than try to figure out looking on the Internet, talking to family and friends how the best way to handle it because they are, in many times, they feel they've been humiliated and they've been made to feel like this is charity rather than something they've earned by their service.

I think what happens is you have a veteran who oftentimes is taught to be tough and then you look at the Appalachian culture that says the same thing, you've got a double whammy. It's going to take personal face-to-face relationships to turn that around. It's going to take at least some money because people can't get out. They can't even get out of the home they're in because they don't have a car that runs anymore. They don't even have telephones that people are talking about. I can't tell you how many people I know who do not have phones.

If I could share one thing. This is a little short thing written by—it's a poem that was written by a woman named Diane Gilliam Fisher. It kind of gives us an education on how fast you can alienate somebody. She is originally from West Virginia. She calls this thing *Sheepskin*.

She said, "I told that doctor flat out what it was. He looks me right in my face, says, 'Mrs. Chapman, you can worry a man sick, now, and John has got to work. You let me do the doctoring here unless you got a sheepskin somewhere I don't know about.' All I could think was that old story about a wolf in sheep's clothing. I said 'Sheepskin?' He points to a picture frame propped on his desk, diploma wrote in Latin from some college in Virginia. I said, 'No,

doctor, I got nothing like that.' I did not hold John's hands, speckled with coal tattoos, out to the doctor, did not say, 'Read this here, doctor, how easy the dust works in under his skin.' I did not say, 'You come home up with us. Read his handkerchiefs, read my pillowslips, grayed with dust, sprayed with coal-black flecks of coughed-up muck.' I did not tell him my learning come nights, from the ragged, rocky-chested racket of my daddy's cough and the only Latin we got to show for it is on his stone. 'No. What I know is not wrote on sheepskin, doctor,' I told him. I said, 'What I know was wrote on the wall.'"

To me that's how easily one statement like that can make a person feel like I'm this little. My father had an eighth grade education, was a coal miner. They don't appreciate somebody like me with an education coming out and telling them what they don't know when they know what they see in those rooms. They know what they see with that veteran. They know what they're experiencing, but don't necessarily know how to tell you about it or feel comfortable telling you.

So it is a long uphill battle and it's going to take person to person. It's going to take people who have had experience coming out who live there, who are from their community, who are veterans that say, "All right. We've had some troubles, we've made some adjustments, people are growing. I want to take you and put you in a car and carry you there and I will sit there with you." I see it all the time.

When I was at Ohio University down in Athens, before I came to the Eastern campus, we brought in a young man that lived out in a house with no running water in the house. His mother said, "I will find some way to get there." I told her, "I will come get you." It was out in the middle of Morgan County. She said, "I can't get there." I said, "I will come get you." Then she said, "No, I'll get somebody to get me there." She was proud. She wanted to do it. Now, when I got there I took them hand by hand, I carried them to every place. I spent 3 hours with them walking through every place on that campus, getting them financial aid, getting him registered. At the very end I had to go to a meeting, so after 3 hours I said, "I got to go, but I'll be right back." She said, "You're not going to leave us, are you?" After all that, she was afraid I was going to leave them. That's what you got to do.

Senator BROWN. Thank you all. Thank you for joining us. Thanks for your candor, your outspokenness, and your courage. Thank you especially for your service to our country. We'll call the second panel forward. While we do I want to introduce Regina Bryant, who is sitting behind me and Doug. She is from Coshocton and is recording, making sure to prepare us the official recording for this hearing.

Would the second panel please come forward as I introduce them. I would like to thank our second panel of witnesses for testifying. Kim Graves is Director of the Veterans Benefits Administration's Eastern Area located in Ann Arbor. Despite your affiliation with Ann Arbor, thank you for your service to all the Buckeye veterans you serve. She's accompanied by Joyce Cange, the Director of the Cleveland Regional Office; Jack Hetrick, the Director of the VA

Health Care System of Ohio; and Jeffrey Gering, the Director of the Chillicothe VA medical center. The three of them—Ms. Cange, Mr. Hetrick and Mr. Gering—will ask questions, not actually testify. I appreciate their being here.

Ms. Graves is a U.S. Army veteran and has served her country in the military and with the VA for more than 25 years. She is a graduate of the University of Nebraska, where she earned a Bachelor of Arts in Psychology and Sociology with the assistance of the VA's Vocational Rehabilitation and Employment Program. She also holds a Masters Degree in Public Administration.

Bill Hartnett will conclude today's testimony. Bill is from Mansfield, a town I know well and hold close to my heart. He is the Director of the Ohio Department of Veterans Services and is a U.S. Navy veteran of the Korean War era. He earned a Bachelors Degree in education from Kent State, his Masters in Education Administration from West Virginia University—I was rooting for them by the way, just so you know—and he has a Specialist in Education and Theory Degree from Kent State University. Bill served in the Ohio House of Representatives from 1998 to 2006. His first elected job was the same job and place, Richland County, as my first elected job.

Ms. Graves, your testimony, please.

STATEMENT OF KIM A. GRAVES, DIRECTOR, EASTERN AREA VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY JOYCE CANGE, DIRECTOR, CLEVELAND REGIONAL OFFICE; JACK HETRICK, DIRECTOR, VA HEALTHCARE SYSTEM OF OHIO (VISN 10); JEFFREY GERING, DIRECTOR, CHILLICOTHE VA MEDICAL CENTER

Ms. GRAVES. Thank you, sir. Senator Brown and distinguished Members, it is my pleasure to be here today to discuss our efforts in meeting the needs of veterans residing in Ohio. As you know, joining me today I have very distinguished colleagues, and hopefully we will be able to answer any questions that you may have at the conclusion of today's testimony. I also wanted to extend my thanks to the prior panelists and all of those who have joined us here today for their service to this Nation.

In response to Secretary Shinseki's mandate to transform the Department, our efforts in Ohio are focused on ensuring the delivery of benefits and health care services on a veteran-centric basis. Veterans' needs are the principal drive of our efforts, and we are aware that reaching all of our veterans requires sustained emphasis. We are also aware that our programs have an economic impact, particularly in areas such as Appalachia, and we will continue to focus on the timely and effective delivery of benefits and services.

The Cleveland Regional office provides services and outreach to servicemembers and veterans throughout Ohio including Wright-Patterson Air Force Base in Dayton. The Regional Office administers a full range of benefits including disability compensation for veterans and their dependents; vocational rehabilitation and employment assistance; home loan guaranty and specially adapted housing grants for veterans in the six-state jurisdiction of Ohio, In-

diana, Michigan, Pennsylvania, New Jersey, and Delaware; and we provide outreach for all veteran and survivor benefits.

The Cleveland Regional Office also oversees one of the Veterans Benefits Administration's eight National Call Centers, staffing a toll-free benefits information line. In addition, the Cleveland RO houses VBA's Tiger Team, which is a special claims processing team which supports the entire nation in reducing the number of claims pending for veterans over the age of 70 and/or claims pending over 1 year.

The Cleveland RO is responsible for delivering non-medical VA benefits and services to Ohio's 913,000 veterans and their families. Approximately 108,000 Ohio veterans receive disability compensation and pension benefits. VA benefits paid in compensation and pension to Ohio veterans totaled nearly \$1.1 billion in 2009.

In fiscal year 2009 the Cleveland RO completed nearly 25,400 decisions on veterans' disability claims, and the Tiger Team completed nearly 20,000 additional decisions for veterans from across the Nation. In addition, the call center employees answered approximately 44,700 calls per month. In fiscal year 2009 the Cleveland Regional Loan Center guaranteed over 8,200 loans in Ohio worth over \$1.3 billion making home ownership in difficult economic times a reality for Ohio veterans and their families.

Currently the Cleveland Regional Office has 573 employees. During fiscal 2009 the Regional Office was able to hire 60 additional employees, including 38 veterans, as a result of the American Recovery and Reinvestment Act or ARRA. The Cleveland Regional Office is continuously seeking ways to improve its delivery of benefits and services to Ohio veterans.

During fiscal year 2009 the Cleveland Regional Office improved in most major benefits—excuse me, in most major performance indicators while the incoming claims volume have increased to nearly 6.8 percent over the comparable period in fiscal year 2009.

Like you, sir, I have been concerned about the well-publicized fact that veterans in Ohio historically receive lower disability compensation payments than veterans residing in other States. I assure you that we take this issue seriously and understand the impact of accurate rating decisions on Ohio's veterans. Under the Veterans' Benefits Improvement Act of 2008 the VA was required to provide a description of any discrepancies or differences regarding ratings for service-connected disabilities among various populations of veterans. The VA contracted with the Institute for Defense Analyses, or IDA, to perform this study. As in a prior study, IDA concluded that there are many demographic and claim reasons for variances among States. Reports identifying Ohio as one of the historically lowest States in compensation payments are based on the totality of benefit awards to all veterans currently receiving compensation which represents over 50 years of rating decisions. It is noted that in IDA's most recent study it showed that for initial claims decided in fiscal years 2006 through 2008 Ohio's average compensation ranks 30th of all States.

To help ensure we reach as many veterans as possible, especially in the heart of Ohio's Appalachian Country, the Cleveland Regional Office began providing benefits counseling services at the Chillicothe VA Medical Center in January 2010. By partnering with the

medical center, the regional office now staffs a benefits office 2 days per week to assist veterans and their families.

The Cleveland Regional Office also actively works with the Ohio Department of Veterans Services to identify and solicit claims from Ohio veterans from all areas of the State, including Appalachia. We look forward to further development of our working relationship with Director Bill Hartnett and the Ohio Department of Veterans Services as we work together to meet the needs of our veterans.

The VA has made significant improvements in delivery of benefits to Ohio veterans, but we can always do more. Such improvements have helped prepare the RO for processing approximately 5,000 claims we anticipate receiving as a result of the recently announced new Agent Orange presumptive conditions. The VA is committed to ensuring the best possible services available to Ohio veterans and their families.

Senator, this concludes my oral testimony for today. Again, I greatly appreciate being here today and my colleagues and I look forward to answering any questions you may have.

[The prepared statement of Ms. Graves follows:]

PREPARED STATEMENT OF KIM A. GRAVES, DIRECTOR, EASTERN AREA, VETERANS
BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Senator Brown and Members of the Committee, it is my pleasure to be here today to discuss our efforts in meeting the needs of Veterans residing in Ohio. Joining me today are Joyce Cange, Director of the Cleveland regional office (RO), Jack Hetrick, Director of the Department of Veterans Affairs (VA) Healthcare System of Ohio (VISN 10), and Jeffrey Gering, Director of the Chillicothe VA Medical Center (VAMC). Today I will discuss important benefits and services provided to the Veterans of this state, including those Veterans living in Appalachia. I will also update you on improvements the Cleveland RO recently made in its service to Ohio Veterans, as well as the VA provision of health care services to Veterans in Ohio.

In response to Secretary Shinseki's mandate to transform the Department, our efforts in Ohio are focused on ensuring the delivery of benefits and health care services on a Veteran-centric basis. Veterans' needs are the principal driver of our efforts, and we are aware that reaching all of our Veterans requires sustained emphasis. We are also aware that our programs have an economic impact, particularly in areas such as Appalachia, and we will continue to focus on the timely and effective delivery of benefits and services.

BENEFITS PROVIDED BY THE CLEVELAND RO

The Cleveland RO provides services and outreach to Servicemembers and Veterans throughout Ohio including Wright-Patterson Air Force Base (AFB) in Dayton. The RO administers the following benefits and services:

- Disability compensation for Veterans and their dependents;
- Vocational rehabilitation and employment assistance;
- Home loan guaranty and specially adapted housing grants for Veterans in the six-state jurisdiction of Ohio, Indiana, Michigan, Pennsylvania, New Jersey, and Delaware; and
- Outreach for all Veteran and survivor benefits.

The Cleveland RO also oversees one of the Veterans Benefits Administration's (VBA) eight National Call Centers, staffing a toll-free benefits information line. In addition, the Cleveland RO houses VBA's Tiger Team, a special claims processing team dedicated to reducing the number of claims pending in three categories: veterans age 70 and over with a claim pending over one year; claims pending over one year; and claims pending for veterans age 70 and over. The Cleveland RO's goal is to deliver benefits and services in a timely, accurate, and consistent manner. This is accomplished through the administration of comprehensive and diverse benefit programs.

The Cleveland RO is responsible for delivering non-medical VA benefits and services to Ohio's 913,000 Veterans and their families. Approximately 108,000 Ohio Vet-

erans receive disability compensation and pension benefits. VA benefits paid in compensation and pension to Ohio Veterans totaled nearly \$1.1 billion in 2009.

In fiscal year (FY) 2009, Cleveland completed nearly 25,400 decisions on Veterans' disability claims, and the Cleveland Tiger Team completed nearly 20,000 additional decisions for Veterans from across the Nation. Cleveland RO employees conduct an average of 590 personal interviews per month and answer approximately 44,700 calls per month in its National Call Center. The RO conducted 24 Transitional Assistance Program briefings to 572 Servicemembers in FY 2009.

The Cleveland Regional Loan Center (RLC) administers VA loan services to Ohio Veterans. VA has guaranteed over 766,500 loans in Ohio with a cumulative loan amount of over \$29 billion. In FY 2009, the RLC guaranteed over 8,200 loans in Ohio worth over \$1.3 billion, making homeownership in difficult economic times a reality for Ohio Veterans and their families.

To increase access to benefits, the Cleveland RO oversees benefits offices in Columbus and Cincinnati. RO employees are also available to assist Veterans at the Cleveland, Cincinnati, Dayton, and Chillicothe VAMCs, the Columbus VA Outpatient Clinic, and Wright-Patterson AFB. All Veterans, including those in more rural areas, are now able to obtain payment and claim-status information (notification, development, decision, or closure) via the eBenefits Web site. This web portal, created in conjunction with the Department of Defense, allows Veterans everywhere immediate access to information provided by VA.

STAFFING

The Cleveland RO currently has 573 employees. During FY 2009, the RO hired 60 employees, including 38 Veterans, as a result of the American Recovery and Reinvestment Act (ARRA). All ARRA employees directly contribute to improved benefits delivery by assisting with the development of claims and mail processing. The RO employees are very motivated and dedicated to making a difference in the lives of Ohio Veterans.

IMPROVEMENTS IN SERVICE DELIVERY

The Cleveland RO is continuously seeking ways to improve its delivery of benefits and services to Ohio Veterans. During FY 2009, the Cleveland RO improved the accuracy of its rating-related decisions by over five percentage points to 88.4 percent. This accuracy rate, which is higher than the VBA national average, has been sustained this year. The Cleveland RO currently decides claims in an average of 161 days. This is comparable to the VBA national average of 160 days and is a 45-day improvement over the Cleveland RO's average processing time in FY 2008. Increased staffing, and improved proficiency of that staff as their training progresses, as well as the office's focus on workload management, are the principal contributors to that improved performance.

The Cleveland RO's pending rating-related claims inventory currently averages approximately 10,800 claims. The RO has maintained this level of inventory even while the office's incoming claims volume, through February of this fiscal year, has increased nearly 6.8 percent over the comparable period in fiscal year 2009. This represents a 28 percent reduction since the RO's record-high inventory of 15,123 at the end of FY 2006.

Like you, I have been concerned about the well-publicized fact that Veterans in Ohio historically received lower disability compensation payments than Veterans residing in other states. I assure you that the Cleveland RO takes this issue seriously and understands the impact of accurate rating decisions on Ohio's Veterans and our stakeholders. Under the Veterans' Benefits Improvement Act of 2008, VA was required to provide a description of any differences regarding ratings for service-connected disabilities among various populations of Veterans. VA contracted with the Institute for Defense Analyses (IDA) to perform this study. As in a prior study, IDA concluded that there are many demographic and claim-specific reasons for variances among states. Factors such as the number of claims received for disability compensation based on Individual Unemployability and Veterans' military retiree status all play a part in state variances. Reports identifying Ohio as one of the historically lowest states in compensation payments are based on the totality of benefit awards to all Veterans currently receiving compensation, representing over 50 years of rating decisions. However, IDA's recent study showed that for initial claims decided in fiscal years 2006 through 2008, Ohio's average compensation ranked 30th of all states.

To ensure that the Cleveland RO's decisionmakers are consistent with other offices, the Cleveland RO developed an extensive training plan for all employees. With a full-time training manager dedicated to employees' learning, each technical em-

ployee involved in the claims process receives a minimum of 80 hours of technical training annually. This training consists of 40 hours of Core Technical Training, 20 hours of standardized topics chosen by VBA, and 20 hours of training chosen by the RO for local issues and areas of concern. Such training includes having employees prepare mock decisions based on standard fact patterns. These mock exercises ensure that decisionmakers consistently review evidence and apply the law equitably.

Furthermore, all new employees hired to work disability claims receive comprehensive training and a consistent foundation in claims processing through a centralized training program called Challenge. During FY 2009, the Cleveland RO had 35 newly hired or promoted employees attend centralized training under the Challenge program. The Challenge concept also includes extensive prerequisite courses prior to attending the centralized training segment and a standardized, rigorous training curriculum following it. Standardized computer-based tools have also been developed for training decisionmakers. Training letters and satellite broadcasts/NetMeetings on the proper approach to rating complex issues are also provided to all ROs.

As a result of the Cleveland RO's training efforts, the office has historically high pass rates on employees' Skills Certification Tests, a standardized testing system used to promote employees.

OUTREACH AND PARTNERSHIPS

To help the Cleveland RO reach as many Veterans as possible, especially in the heart of Ohio's Appalachian Country, the Cleveland RO began providing VA benefits counseling services at the Chillicothe VAMC in January 2010. By partnering with the Medical Center, the RO now staffs a benefits office two days per week to assist Veterans and their families. Since the start of its on-site presence, the RO has served over 140 Veterans in Chillicothe. I am pleased that the RO is meeting a very real need to get information and assistance to these more difficult-to-reach areas of Ohio.

I am also proud of the Cleveland RO's successful relations with VA's stakeholders. The RO provides office space to nine major Veterans' Service Organizations in the Cleveland facility. The RO recently welcomed the arrival of a permanent service officer of the Ohio Department of Veterans Services. The RO provides quarterly training to all of Ohio's 88 County Veterans Service Offices and recently completed a Congressional Liaison Seminar for local Congressional staffers.

The Cleveland RO actively works with the Ohio Department of Veterans Services to identify and solicit claims from Ohio Veterans from all areas of the state, including Appalachia. The creation of this Ohio Cabinet-level department increased awareness of Veterans' needs in the state. The RO looks forward to further development of its working relationship with the Director, Bill Hartnett, and the Ohio Department of Veterans Services, as we work together to meet the needs of Veterans. As one of its first shared tasks, the Cleveland RO is working with the Ohio Department of Veterans Services to pilot the use of a checklist for claims submitted by Ohio's County Veterans Service Officers to ensure the timely submission of evidence to expedite claims processing.

HEALTH CARE SERVICES

The VA Healthcare System of Ohio, Veterans Integrated Service Network (VISN) 10, consists of four VAMCs, one health care center, and 30 community-based outpatient clinics (CBOC). VISN 10 provides mental health services at all 30 CBOC locations. The Louis Stokes Cleveland VAMC has a total of 13 Outpatient Clinics located throughout Northeastern Ohio.

VISN 10's strategic plan of providing access to primary care and mental health services within 30 minutes or 30 miles, as well as access to tertiary care within 60 to 120 miles of all of Ohio's Veterans, has been accomplished. VISN 10 consistently ranks highest across the Department in access to clinical care with less than 0.4 percent of Veterans waiting more than 30 days for an appointment in FY 2009. These achievements are noteworthy, but there is always more we can do to improve the care Ohio Veterans receive.

The Canton Outpatient Clinic is 25,000 square feet in size and serves over 12,200 Veterans. Current services offered at the Clinic include primary care, mental health, optometry, podiatry, laboratory services, pharmacy benefits, home-based primary care, women's health, and radiology. Two additional outpatient clinics located in Akron and New Philadelphia serve 12,380 and 2,800 Veterans, respectively. The Lorain CBOC is fully operational at the St. Joseph Community Center. Through the first five months of FY 2010, it has treated 6,152 Veterans.

VA is expanding the Middletown CBOC, more than doubling its size from 7,000 square feet to more than 18,500. The Middletown CBOC currently provides onsite primary care, preventive medicine, laboratory services, outpatient mental health, intensive case management for mental health, optometry, home-based primary care, and pharmacy benefits. By 2011, when the expansion is complete, the facility will also offer occupational and physical therapy, as well as radiology. VA's Office of Rural Health is awarding \$1 million to establish an Outreach Clinic in Wilmington to provide primary and mental health care for rural Veterans. VA is working hard to establish this clinic, and the Department expects to activate the clinic by this summer. VISN 10 continues to explore further options for enhancing care in rural Ohio, and to improve home-based primary care, tele-medicine, optometry, podiatry, and mental health care.

CONCLUSION

VA has made significant improvements in delivery of health care and benefits to Ohio Veterans. Such improvements have helped prepare the RO to process approximately 5,000 claims anticipated to be received as a result of the recently announced new Agent Orange presumptive conditions of ischemic heart disease, Parkinson's disease, and certain leukemias. We have also improved the quality and availability of health care for Veterans across the state. VA is committed to providing the necessary resources to ensure the best possible service is available to Ohio Veterans and their families.

Senator, this concludes my testimony. I greatly appreciate being here today and look forward to answering your questions.

Senator BROWN. Thank you Ms. Graves. Mr. Hartnett.

STATEMENT OF BILL HARTNETT, DIRECTOR, OHIO DEPARTMENT OF VETERANS SERVICES

Mr. HARTNETT. Thank you, Senator. Thanks for being here and joining with us in this field hearing that you have called. Your letter invited me to discuss the benefits and services available to Appalachian veterans. I also want to tell you about the efforts being made throughout all of Central Ohio, and especially our efforts to find veterans.

An interesting comment made earlier was a lot of veterans don't know they're veterans. When the department was established 18 months ago Governor Strickland made it very clear that our primary objective is to find our veterans and make them aware of the benefits they've earned. That's why our State mission is likely to be identified to connect and advocate for veterans and their families. If we translate that mission into numbers from the VA and the Department of Defense we're looking at 935,000 Ohio veterans. That vast majority of these veterans have never applied for State and Federal benefits, so we have no database as to where those veterans are; so how can we find them? Unfortunately, it's very difficult to identify them; we just know they're there. So we reasonably can't contact all of the veterans. Let's find a way for them to contact us. To that end we have carefully launched a marketing campaign to all veterans in Ohio inviting them to call 1-877-OHIO-VET to learn about the benefits they have earned. Our message is very simple: "Veterans! Your service may be worth more than you think. Call 1-877-OHIO-VET."

But first, it is important to define what person is a veteran. It's important because there are thousands of veterans in Ohio, perhaps tens of thousands, who do not know that they are veterans. Let me explain that. These veterans see veterans only as people who are retired from the military. Or they think that people on active duty are not retired so they're not yet veterans. So let's define

what a veteran is. A veteran is any person who honorably wears or has worn a United States military uniform, or is a member of the uniformed services of the National Oceanic and Atmospheric Administration or the Public Health Commission Corps.

So our mission is two-fold. First, we have to tell a lot of veterans they're veterans and that their service may be worth more than they think. Second, we have to tell them to contact us, 1-877-OHIO-VET. Earlier I said that we launched this marketing campaign to get those veterans into our database. I say carefully because we have to move deliberately because we don't want to overwhelm the County Veterans Service Officers. Many of them are understaffed and underfunded.

The Appalachian Counties here in Eastern Ohio are good examples. They do great work, great work, as do the other 88 of our County Service Offices. But if we suddenly invite tens of thousands of veterans to call them for benefit information, they would simply be overwhelmed. We would have a few thousand very upset veterans making unanswered or unreturned telephone calls.

Hire more people to take the calls? Well, that's not easy. The county offices are funded by a half-mill of the county's property tax receipts. Of course, property taxes differ dramatically from county to county and the less affluent counties get the least money.

It's no secret that Ohio's Appalachian Counties are at a geographic disadvantage when it comes to connecting our veterans to extensive health care. Although the area is placed under Ohio for the most beautiful landscape, medical treatment for our veterans is a cross-country venture. A veteran in Marietta, for example, must travel 80 miles for treatment at a VA medical center in Clarksburg, WV. I address this issue carefully in my written testimony.

We're also doing some groundbreaking work with the VA Regional Office in Cleveland so that communication between our department and the VA is faster, easier, and clearer. How are we doing that? Well, we're putting the Ohio Department of Veterans Services staff in the Cleveland Regional VA Office right now. I mean, literally, in the VA office and literally, right beside the VA staffers.

With your permission I would like to recognize two people that are with us who are the primary movers in the efforts to get the veterans connected to get the benefits and services they have earned. First, Director Cange, who is my all time hero, and my second all time hero, Mickey Volkman, who is our person at the VA. I think that you will find that their work is going to do a great deal. You see, I told you that Ohio and VA are now side by side. I will also tell you that other States are watching Ohio pretty closely and that the VA in Washington is also watching. If this type of project works, and we have evidence that it is already working, other States I think will launch similar efforts.

I want to emphasize something very, very important. We could not have established this cooperative relationship without the VA and the Cleveland Director Joyce Cange. Director Cange gets it. She recognizes the problem and she understands the solutions. The objective here is to speed up the front end of the application process. That's the time between the veterans initial request for bene-

fits and the time when they receive a decision from the VA. Simply stated, very simply stated, the VA needs additional information in order to make that funding decision. It's easier for somebody to walk 15 steps and ask one of his or her associates for help than it is to communicate with strangers 250 miles away.

The backlog you heard about is real. But we can attack it with higher training standards at all levels. The Ohio County Commissioners, the County Veteran Service Commissioners and their offices are championing this additional training. We are excited every time we hear that Secretary Shinseki recognizes that the disability claim backlog could be eliminated from one key step, going paperless.

Twelve days ago in Baltimore he said he wants the quantity resolved by 2012 when a modern system is expected to start rolling out. It's all about computers, computers, computers, and when it comes to the backlog of disability claims, it's time to leap into the nineties. Improved procedures can be adopted and identified and developed. Why do we have to wait for the veteran to make the first contact with the VA? Why can't the Department of Defense automatically place veterans in the VA system the moment they enlist or when they are discharged or separated from service? If we did that, we would have veterans on file even though they have never applied for benefits. We could tell them about such things as the diseases that are presumed to be caused by their service in Vietnam, and now Afghanistan, Iraq, and the Persian Gulf.

I hope that my point is clear, Senator. We acknowledge that our system is flawed, but we are not stuck in decades old time and tradition. Not only are we looking for new, more effective policies and procedures, we are finding them and implementing them all to improve our service to the veterans that have served us. We are actively identifying and connecting with and advocating for our veterans and their families and will never be satisfied until they're all served. Thank you for your time.

[The prepared statement of Mr. Hartnett follows:]

PREPARED STATEMENT OF BILL HARTNETT; DIRECTOR, OHIO DEPARTMENT OF VETERANS SERVICES.

The mission of the Ohio Department of Veterans Services (ODVS) is "to actively identify, connect with and advocate for Veterans and their Families." Since the department was established 18 months ago, we have concentrated on finding the 935,000 Veterans that VA says are Ohioans.

We started with a list of only 4000 names and addresses of Veterans 18 months ago and now we are up to 400,000 and adding approximately 20,000 new Vets each month. We are doing this with the help of our partnership, with the Ohio Bureau of Motor Vehicles and the Ohio Department of Jobs and Family Services. They are providing contact information from Veterans who renew their driver licenses, register their vehicles with military license plates or, seek assistance about jobs and family services.

The VA has a list of Veterans in its database. These are Vets seeking help for challenges that are extremely private and their privacy is, of course, protected by VA.

If we can't contact those Vets, let's find a way for the Veterans to contact us. To that end, we have carefully launched a marketing campaign to all Veterans in Ohio; inviting them to call 877-OHIO-VET to learn about the benefits they have earned. Our message is very simple:

"Veterans! Your service may be worth more than you think. Call 1-877-OHIO-VET."

But first, it is important that we define, “who is a Veteran.” It is important, because there are thousands of Veterans in Ohio—perhaps tens of thousands—who do not know they are Veterans. Let me explain.

These Veterans see Veterans only as people who are “retired” from the military. They incorrectly think that if they are on active duty, they are not Veterans; they incorrectly think that if they did not serve at least 20 years of active duty, they are not Veterans.

They think: “I was in the military for only four years so I’m not a Veteran.” Or, “I’m still on active duty so I’m not a Veteran.”

A Veteran is any person who honorably wears or has worn a United States military uniform, or is a member of the uniformed services of the National Oceanic and Atmospheric Administration (NOAA) or the Public Health Commission Corps (PHCC).

So, our mission is two-fold:

First, we have to tell a lot of Veterans that they are Veterans and that they may be eligible for benefits.

Second, we have to tell them how to contact us.

Earlier, I said that we have carefully launched a marketing campaign to get those Veterans into our database. I say carefully because we have to move deliberately but slowly. Slowly, because we don’t want to overwhelm the County Veterans Service Offices (CVSO) which will be the primary agency that the veteran is to contact. Many of them are under staffed and underfunded.

Most of the Appalachian counties here in Southeast Ohio are good examples. They do great work . . . great work . . . as do all 88 of our CVSOs. But, if we suddenly invite tens of thousands of Veterans to call them for benefit information, they will be overwhelmed. And, we would have a few thousand very upset Veterans making unanswered or unreturned telephone calls.

Hire more people to handle the calls? Well, that’s not as easy as it may sound. As you know, the county offices are funded by a half-mill of the county’s property tax receipts. Of course, property taxes differ dramatically from county to county and the less affluent counties get the least money.

So, we’re moving carefully . . .

With posters promoting our message and the 877 OHIO Vet number. Right now, they’re hanging in places where people walk and wait; at barbershops and beauty salons . . . at state parks . . . BMV offices . . . rehabilitation services commission offices . . . county one-stop centers and so on.

We know that many Veterans gravitate to jobs that require uniforms. So, our posters are going to every fire department in Ohio . . . police departments and FOP lodges . . . Natural Resources and the Highway Patrol barracks.

We’re working with the Ohio Council of Retail Merchants so that their member stores can give customers a pre-paid post card that they can fill out and mail back to us. That’s Kroger, Giant Eagle, Walmart, Best Buy, Target, Meijer and other retailers throughout Ohio.

That’s how we’re working “to actively identify, connect with and advocate for Veterans and their families.

We’re also doing groundbreaking work with the VA regional office in Cleveland so that communication between my department and the VA is faster, easier and clearer. How are we doing that? We have Ohio Department of Veterans Services staff in the Cleveland Regional VA office. I mean, literally, in the VA office and literally, right beside the VA staffers.

A big thank you goes to the Director of the VA Regional Office in Cleveland, Joyce Cange for her partnership with our department. Our Deputy Director, Mickey Volkman, now works from the VA office in Cleveland.

On her very first day, Mickey started working with the VA staff to implement a compensation check sheet for CVSO’s. This sheet not only helps the counties to submit a complete claim for VA Compensation, but it also helps the VA to identify and recognize a compensation claim that is ready to process. This can speed the processing time considerably. Just last month, two new claims were filed, they were processed within 30 days and given a rating decision.

Not only are we working side by side with the VA but also with the military service organizations, such as the VFW, to assist with claims. Mickey, operating as a mediator in the VA, is helping to open the communications between the VA, CVSO’s and the veterans organizations. By establishing these relationships, we are building a strong teamwork attitude to help reduce the gaps between claims preparers and the claims processors and to speed up the process. The bottom line is better service for the Veterans of Ohio.

I can also tell you that other states are watching Ohio very closely and the VA in Washington also is watching. If this project works . . . and we have evidence that it already is working . . . other states could launch similar efforts.

As the VA and the Ohio DVS learn more and more about each other, new ideas are born, new procedures are being developed, and new questions are being asked and answered.

The backlog you've heard about is real but we can attack it with higher training standards at all levels. Several approaches are underway.

Ohio has a well-positioned system of CVSO's throughout the state with more than 180 county Veterans service officers who are accredited by our Department of Veterans Services. However, all of them are not accredited with the Veterans organizations that do business at the Cleveland Regional office. When they are accredited, they can communicate directly with VA to discuss a Veteran's claim. Through those accreditations we are hopeful that our CVSO's will be better able to follow the processing of the veterans' claim and to keep the veteran informed of its progress.

In Addition, if the Department of Defense would automatically place Veterans in the VA system the moment they are discharged or separated from the service, we would have Veterans on file even though they never have applied for benefits. And, we could tell them new benefits such as the diseases that now are presumed to be caused by their service in Vietnam . . . or Afghanistan . . . or Iraq . . . or the Persian Gulf.

We have more great programs and initiatives that Ohio has implemented to better serve our Veterans:

The Ohio GI Promise represents the most significant expansion of benefits and services for veterans in Ohio since the end of World War II. The creation of the GI Promise ensures that veterans in Ohio are given every opportunity to achieve the promise of a higher education. The Board of Regents, Ohio institutions of higher education, the Ohio DVS, and many others invite America's veterans and their dependents to earn their college degrees here in Ohio, and ensure that they have the resources they need to succeed. In doing so, veterans and their families will make significant and important contributions to the state of Ohio in many ways: They will help expand Ohio's skilled work force with their knowledge and education; they will bring their maturity and motivation to Ohio's higher education classrooms; and, they will enrich Ohio's communities through their leadership, selfless-service, and dedication.

On election day 2009, 72 percent of Ohio voters went to the poles to say thank you to our Ohio veterans with the passing of Issue One, a bonus for Veterans of wars in the Persian Gulf, Iraq and Afghanistan. The passing of the bonus is expressing the gratitude to Ohio veterans for all they have done for us. Our department is working diligently on several crucial steps that must be in place before dispersing the checks. We want the bonus application and approval process to be easily understood, accurate and efficient. The department's goal is to be mailing the first checks in November, one year from voter approval.

Last April, our department partnered with the VA Healthcare System of Ohio to host the largest Women Veterans Conference in the Nation. We had almost 700 women in attendance. The one-day conference was geared toward informing women Vets of the many benefits they may be entitled to. Our department is committed to continuing our efforts to reach women Veterans through various outreach initiatives.

We also are very proud of the excellent care our State Veterans Homes provide to Ohio's heroes. Both the nursing home and domiciliary in Sandusky as well as the newer home right here in Appalachia, over in Brown county, continue to provide much needed care for more than 750 residents. Our residents come from all walks of life but have a common bond of serving our Nation during our past and present conflicts and wars overseas.

The homes also provide significant employment opportunities in the areas where they are located. Our home in Brown County has added nearly 200 good paying jobs to the Appalachian region and is now the 5th largest employer in Brown County.

In the most recent Veterans Health Administration surveys conducted at both locations, the nursing home in Sandusky experienced just one minor citation, while the domiciliary in Sandusky and the Nursing home in Georgetown received perfect zero deficiency surveys. This performance is on par with the best state veterans facilities in the Nation. Surveys conducted by the Ohio Department of Health also substantiate the excellent care provided by the dedicated professionals who are caring for our residents.

A program started nationally is being implemented here in Ohio by Supreme Court Justice Evelyn Lundberg Stratton. She is establishing Veterans courts to help returning Veterans with PTSD and other issues, whose problems may lead to in-

volvement in the criminal justice system. The veteran will be given the opportunity to be assessed for required treatment including alcohol, drug, mental health and/or medical assistance. They will also be assessed for housing and/or job referrals. The Vet will have a rehabilitation plan for treatment and assistance with the VA. This is an opportunity to prevent Veterans charged with misdemeanors from falling into a life of crime.

The Ohio Department of Rehabilitations and Corrections is working with the U.S. Department of Labor, Veterans Employment and Training Service on the Incarcerated Veterans Transition Program. This program is designed to help ex-offender Veterans who are at risk of homelessness to re-enter the workforce. It provides direct services—through a case management approach—to link incarcerated Veterans with appropriate employment and life skills support as they transition from a correctional facility into the community.

The Ohio Military Injury Relief Fund (MIRF) was created by House Bill 66 in June 2005. The purpose of the MIRF is to grant money to servicemembers injured while serving in country under Operation Enduring Freedom and Operation Iraqi Freedom. The grant money paid to the servicemember will vary year to year, based on the amount of funds collected for the tax year. The application process is simple and usually it takes only four to six weeks to receive a check. This program has been very helpful to Vets and their family members.

As you can see all our efforts are focused on better serving all Veterans of Ohio and continuing to build and enhance our partnerships. We acknowledge that our system is flawed but we are not stuck in decades old time and tradition. Not only are we looking for new and more effective policies and procedures, we are finding them and implementing them . . . all to improve our service to the Veterans who served us.

We are “actively identifying . . . connecting with . . . and advocating for our Veterans and their families.” And never will we be satisfied.

Thank you for your time and this opportunity to speak with you.

Senator BROWN. Thank you, Director Hartnett. I appreciate your comments as always.

Ms. Graves, Director Hartnett said that we can’t find all the vets in the State and across the country so we are making it easier for them to find us. Why can’t we, with technology, why can’t we correspond with virtually every veteran? We have military records that they’ve served, we have, in many cases, Social Security numbers and we have the technology. Maybe the better question is maybe not why, why can’t we, but what are we doing so we can? What are we doing nationally?

Ms. GRAVES. Over the past several years there has been a significant effort from both the DOD and the VA to work much closer together to improve that transition, that seamless transition, from servicemember to veteran. I see a couple of improvements in that area. We are now receiving basically a direct feed from the DOD that tells us information about those who are serving. One of the ways we get information to process some of our claims is that direct feed of information from the DOD.

Senator BROWN. I’m sorry to interrupt you. I know we’re doing better. One of the first conversations I had with Secretary Gates was in January, or whenever it was in 2009. I was urging him, as our Committee has, and he was beginning to interface between the DOD and VA so that when people leave the service they don’t go back to Belmont County or Jefferson County or Guernsey County or Muskingum County never to be seen. So they are doing better and helping veterans ultimately have a seamless transition with medical records beginning when they join the service.

But for all those veterans that are older, that have served in other wars—I think we’re making significant progress and doing the right thing for those that are the soldiers, Marines, and sailors

now—but what about those that fought in World War II or Korea or served during the fifties or the sixties or what have you? What are we doing about them?

Ms. GRAVES. I think, sir, the thing that we're trying to do, just as they are at the State level and the county level, is the outreach, getting our people, along with the county and State, out in the community reaching out to veterans, being in places where veterans go.

Senator BROWN. But we're not doing any kind of systemic outreach to the Korean War veteran that never goes to the VA. My dad served in World War II, he served in several countries, though he didn't talk about it a lot. Most veterans don't. I wish they would talk more. We could learn a lot from them, but that's their choice. They don't go into the veterans organizations.

There are ways of using technology. I appreciate all those things like what Director Hartnett is doing. It's very, very, very important that VA work with them and get the posters around. What are we doing to find those that don't go to these organizations?

Ms. CANGE. Let me just speak about Cleveland and the veterans in the State of Ohio. Again, our partnership with the Ohio Department of Veterans Services is very key and critical to reaching out to these veterans in the State of Ohio. What Director Hartnett has started to do, which you might want to speak to the Director, is he's reaching out and asking veterans through the State licensing board, "Check a box if you're a veteran." Then that information gets back to Director Hartnett. Then our next step is to work to reach out to those veterans that have identified themselves so we can go out and tell them what the benefits are that they're entitled to. Doing that outreach is essential. So that's what we're doing in Ohio.

Senator BROWN. I appreciate that, and I'm not in any way belittling or demeaning that, but isn't there a way when DOD has some records—I would imagine Social Security numbers of many, many, many of the Korean and Vietnam War vets and others for example. We have a way from all kinds of databases from the Department of Motor Vehicles, hunting licenses, fishing licenses, and all of that; isn't there a way to—and the State can't do this, but isn't there a way for the VA to find—and maybe this is a huge problem, it seems like it probably is—but isn't there a way to use technology like e-mail or to direct mail notifications or something to reach veterans?

Ms. GRAVES. Secretary Shinseki is bringing a culture of advocacy to the VA and, that is, definitely taking this information back and ensuring that we haven't done these type of things, that we haven't done that. I would be happy to report that back through your staff.

Senator BROWN. Let me go to two of the problems that we've identified over and over. I encourage any of the five of you, the three in the middle, to speak up at any point to some of the things that Ms. Maupin brought up and Ms. Neutzling or Dr. Greenlee, but especially the two more specific problems. One is the backlog and the second is the level of—you know, that fact that we rank fifth in the Nation in the level of benefits. Maybe I'm dense about this, but I can't still understand why Ohio seems to have a backlog that's larger than most States and why our benefits are lower than

most States. You represent more than one State, so why is it worse in Ohio than in Michigan? What do we tell these people and what do we do about those? Do you know?

Ms. GRAVES. You're absolutely right. Those are intense problems that we're dealing with on a daily basis. One of the things through Secretary Shinseki's leadership is we are now looking at all kinds of ways that we can work in our regional offices to cut the backlog. This means looking for unique and innovative ways to use the staff that we have.

We have been very fortunate to be able to hire many new staff, but it does take time, a significant amount of time, to get those folks to a very proficient level. We are trying to use those individuals in the most effective manner that we can while they're still training and learning to have the most impact on improving the process. We are looking at unique and innovative ways to streamline the process all the way from looking at things we can individually do in our regional offices to ensure that we have a smooth transition to looking at procedural and regulatory areas that might be improved upon to increase our efficiency in providing services.

As Director Hartnett noted earlier, technology is significant, but it won't be everything that we need. With improved processes and increased capitol, again, those are areas where Secretary Shinseki has been very up front about maybe trying to take advantage of all of these types of technologies.

With the impending regulation for—regarding Post Traumatic Stress Disorder, we are working to ensure that those claims come in and we can begin to address them as effectively as we can. At my level, I have responsibility for 16 offices. I work with them to look at individual components in the regional offices to make sure that we have the resources where appropriate and we take appropriate action to hold our staff accountable for improving service. As Director Hartnett said, it is key when looking at individual States, that we are getting out in into the community and reaching out to veterans and doing everything that we can to improve the services that we provide.

Senator BROWN. Thank you, Director Hartnett.

Mr. HARTNETT. Thank you, Senator. I think that I look at this kind of from a veteran in my era or Vietnam. But the issue is that right now I think one of the VSOs' most difficult problems is to prove a medical claim. Because we have nothing—we don't know anything about them. When they got out, I bet most of their physical exam was, "How do you feel?" "You know, I want to get home." So to go back to connecting a current disability with something that happened to them while they were serving is very difficult. I think that, you know, the VA deals with billions of dollars. Obviously I think they want to preserve the treasury, but there are times with the senior veterans where it's a little different than the current veteran who hopefully will have that medical record and make it much easier for them to attach a future problem to something that was verified when they get out.

The issue that you bring up I think is real important and that is about how all of these 135,000 veterans we have in Ohio have the problem of proof. It seems to me that, I don't know what all of the standards are for approving it, but I know that it takes a

long time. I think the length of time is something we have to look at. I mean, we have a backlog not because we have too many to serve at any one time, but we're serving all of those that are ready at one time, plus all of those that we've put away because we haven't been able to verify or to get an appropriate answer back to the veteran.

So I think that there's two things that can happen. Going forward we should understand that we, as an office, being in a place for a long time should have a better handle on this. When we started we knew 4,000 veterans, their names and addresses. That's all we could verify, and it came from a women's veterans group that met in Ohio. We are at 435,000, and we still have to protect those names. What we're trying to do is not only use the 1-877-OHIO-VET, but we're also partnering with the retail merchants in Ohio to give a guy, or a woman, a postcard that says, "If you're a veteran, send this in."

So we're going to build a better bank of veterans, but we still, especially in Southeast Ohio, I think it's very difficult as the doctor said before. We need to tell them they are a veteran. We need to be using our Veterans Service Offices and the director's office to get people to tell us they're veterans so we can help them.

Senator BROWN. Mr. Gering, I was in Chillicothe a few days ago. I think you're in charge of five CBOCs?

Mr. GERING. That's correct. One of them we're just opening in Wilmington, so we have five and one-half.

Senator BROWN. Just down the road in Southgate Parkway is the Cambridge CBOC which has a new mental health program I understand with a psychiatrist specialist in house. Are there more plans or programs so that the CBOCs will all have that specialty, at least among your area, Mr. Gering, or Ms. Graves or Mr. Hetrick, that will be available multiple days of the week?

Mr. GERING. I really think under Secretary Shinseki's leadership our relationship will increase with Ohioans and the VA in putting mental health out there in CBOCs, and the clinics. I know last year we put mental health presence in CBOCs. We have a mental health social worker.

Senator BROWN. Beyond the five?

Mr. GERING. I can speak for our five. We have a mental health social worker in each one of ours. We have a mental health psychologist at each one of those clinics. And starting next week we will have a psychiatrist at each one of those clinics as well. So if you go—like in Cambridge here you will be able to see a psychiatrist on site. In Athens, we have, again, a mental health social worker, a psychologist full time. She has a practice in Athens. She's been on board about a year. So we've done an awful lot of outreach for getting access to mental health services for veterans in Appalachia, in Southeastern Ohio.

Senator BROWN. Mr. Hetrick, do you want to respond?

Mr. HETRICK. Actually in Ohio we've had more mental health and we've only been enhancing it over the past couple of years. But in addition to that, I think it's important to note, as was appropriately noted earlier, it's difficult to fill a void every place we might perceive it to be needed, but on the CBOC system of 30 CBOCs around our State that we are responsible for, we have been

adding additional specialty services as well, based on the number of patients that have visited them. These kind of services keep veterans from traveling to a large city where they generally don't like to go to.

In addition to that, I believe that at Mr. Gering's location last week we had the first telemedicine connection between—or specialty service between surgery with a specialist in Cincinnati to keep a female veteran from having to travel 2 hours to Cincinnati. During that live consultation he determined that while she was actually being prepared for surgery that it was not really the right procedure, so there was a revisit of the treatment plan. I think those are the kinds of things we want to do more of. Our telemedicine program right now is serving more veterans in the State of Ohio than most other CBOCs that I'm aware of. We've been fortunate to have the technology and the resources to do that.

In addition, we're competing for VA funding that would expand additional home-based health care teams in all the rural areas that we serve in Ohio. So that would play to the kind of services and enhancements that we need. We're waiting to hear; it's a competitive process. We don't have as many rural areas as other areas of the country, but we certainly are trying our hardest to get those closer.

Senator BROWN. Thank you. I have one question to ask all of you fairly, and I prefer you use about 1 minute, if you can. The question is: on Wednesday I'm going to see Secretary Shinseki in Cincinnati. If you could ask him one question, or tell him or give him one piece of advice anonymously, even though this is a Congressional Committee Record, if you would like to tell me one thing that you would either ask him or tell him and I know I'm not giving you much time to think about it. Mr. Hartnett has more time than Ms. Graves because I'm starting with you and working down there. Tell me what I should say to him or ask him?

Ms. GRAVES. I think that with Secretary Shinseki's leadership we are approaching a new day at the VA and I would encourage him to continue to push us to do better and ensure that we are providing services to our veterans.

Senator BROWN. A little less commercial, but thank you. Thank you for your services, Kim.

Ms. CANGE. I echo Kim's comment that it is a new day in the VA, and more important, it is a new day for veterans. Secretary Shinseki met with all of the directors of the regional offices in Louisville probably 3 weeks ago now and he wants to break the backlog, break the back of the backlog. He said it over and over again. He has inspired us and gotten us motivated. I have drilled it down to my employees. Last week I went to the Congressional Liaison Summit Seminar. Director Hartnett and I were there with a variety of other staffers and I emphasized that, you know, we have a backlog and we have more claims coming. With the presumptive Agent Orange that are coming, we need to figure out a way to do something different. We cannot keep doing the same work over and over. We're going to need your help; if we can change laws to streamline it. We ask for your support. But I would say Secretary Shinseki has energized me and I believe in my staff and my entire

staff is ready for the change. They are up for it. We want to make a difference for veterans.

Senator BROWN. Thank you.

Mr. HETRICK. Well, I may be at the same place you are, so you might know where this is coming from. I would say that the Secretary has spent more time talking to the leadership in the field than I have ever experienced before and I would encourage him to continue to encourage others to do the same thing. I think that he has learned from us and we have learned from him. With that kind of support, we want to go out and challenge assumptions that we've all lived by in the past that has created an environment where we really think we can go forward and are supported to do the right thing for the people.

Senator BROWN. If I had thought and done this question a little better I would have asked Ms. Neutzling this question. What do you think she would say?

Mr. HETRICK. I think we go back to what Dr. Greenlee said.

Senator BROWN. I understand what her grandfather told her.

Mr. GERING. In rural America and Appalachia we have a unique challenge. Like Dr. Greenlee and the faculty at Ohio University talked about, the issues with mental health access in rural America which is different. It's different than Pittsburgh, and it's different than Cleveland. You can have a generation which has had intentions and hopes with the government to serve their needs and has been let down. How do we deal with that? How do we reconnect? Outreach is essential. Getting in touch with the family is essential. We need to regain that trust and keep that trust. That's critically important, probably more so, again, in rural American and Appalachia than in urban America.

Senator BROWN. I would like to ask you to assign one person from Chillicothe to work directly from the VA to deal with the issues specifically of Ms. Neutzling. Is Andrea still here?

Mr. Hartnett, close it by just—you're the only one that doesn't technically work for General Shinseki. I think he's done a terrific job and I appreciate all that. I love what the VA does 97 percent of the time. If you want to say something about the other three you can.

Mr. HARTNETT. Well, I've waited 78 years for a second class petty officer to advise a general. You know, Senator, I would encourage him to do what he is doing. I think he's radically changed. I don't think he's fit into the culture yet, and I hope he never does. I think that the fact that he's out talking to people, that he is pushing his troops. I think that's—I think General Shinseki has the opportunity to change the culture that we all operate under, whether it's at a State level or Federal level, by simply saying we owe it to them and have to find ways of doing it.

Senator BROWN. OK. Thank you, all five of you, very much for your service to veterans and your services to Americans. Thank you very much. Ms. Neutzling, Ms. Maupin, and Dr. Greenlee, thank you.

Thanks again to Regina Bryant behind me; to Tom Fisher, Carl Lambert, Troy Simmons, and David Moyer for their work in making this run smoothly today. Thanks to this panel and all of you

in the audience that are serving veterans, the VSOs, and other places.

There will be 1 week for anyone to amend or add to the statements, including those of Ms. Neutzling, Ms. Maupin, and Dr. Greenlee. If you want to add anything to the statements or submit anything else that will be part of the record, you have 1 week from today to do that.

Again, thank you. This hearing is closed.

[The hearing concluded at 12:57 p.m.]

